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OVERSIGHT ON FEDERAL NUTRITION PROGRAMS

HEARING

BEFORE THE

SUBCOMMITTEE ON RURAL DEVELOPMENT, OVERSIGHT, AND INVESTIGATIONS

OF THE

COMMITTEE ON AGRICULTURE, NUTRITION, AND FORESTRY UNITED STATES SENATE

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CONTENTS

	Page
Andrews, Hon. Mark, a U.S. Senator from North Dakota, opening statement	1
Huddleston, Hon. Walter D., a U.S. Senator from Kentucky	17

CHRONOLOGICAL LIST OF WITNESSES

Mayer, Dr. Jean, president, Tufts University, Medford, Mass	5
Brandt, Dr. Edward N., Assistant Secretary of Health, U.S. Department of Health and Human Services, accompanied by Dr. Manning Feinleib	18
Wilson, Hon. Ted, mayor, Salt Lake City, Utah, on behalf of the U.S. Conference of Mayors	32
Amidei, Nancy, executive director, Food Research and Action Center	39
Kittlaus, Rev. Paul, director, Washington office, United Church of Christ, on behalf of Interreligious Taskforce on U.S. Food Policy	56
Howell, Barbara, and Janice Patty, Bread for the World	63
Bode, John, Deputy Assistant Secretary for Food and Consumer Services, U.S. Department of Agriculture, accompanied by Robert Leard	74

APPENDIXES

Appendix A

Leahy, Hon. Patrick J., a U.S. Senator from Vermont, statement	97
Pryor, Hon. David, a U.S. Senator from Arkansas	98
Mayer, Dr. Jean, president, Tufts University, Medford, Mass., statement	99
Brandt, Dr. Edward N., Jr., Assistant Secretary for Health, Department of Health and Human Services, statement	106
Wilson, Hon. Ted L., mayor, Salt Lake City, Utah, statement	118
Amidei, Nancy, director, Food Research and Action Center, statement, with attachments	124
Kittlaus, Paul, chair, Interreligious Taskforce on U.S. Food Policy, statement	139
Patty, Janice Odom, member, Bread for the World, statement	145
Bode, John W., Deputy Assistant Secretary for Food and Consumer Services, U.S. Department of Agriculture, statement	152

Appendix B—Infant Mortality

Statement on infant mortality by Senator Helms	166
Letter of April 19, 1983, from Senator Helms to several witnesses	166
FRAC, Food Research and Action Center, report by, Infant Deaths Go Up, While WIC Program Funds Stay Low	167
Pitkin, Roy M., M.D., letter of April 27, 1983, in response to questions of Senator Helms	173
Cornely, Donald A., M.D., letter of May 5, 1983, in response to questions of Senator Helms	176
Mauer, Alvin, M.D., director, St. Jude Children's Research Hospital, letter of May 9, 1983, in response to questions of Senator Helms	181
Wegman, Myron E., M.D., dean emeritus, University of Michigan, School of Public Health, letter of June 7, 1983, in response to questions of Senator Helms	184
Williams, Ronald L., Ph. D., director, Health Data Research Facility, University of California, Santa Barbara, letter of July 4, 1983, in response to questions of Senator Helms	188
Budetti, Peter P., M.D., J.D., associate professor of social medicine in pediatrics, University of California, San Francisco, statement	195

Page

Siegel, Earl, M.D., MPH, professor, School of Public Health, University of North Carolina, Chapel Hill, letter of June 27, 1983, in response to questions of Senator Helms 201

Little, George, M.D., chairman, Department of Maternal and Child Health, Dartmouth Medical School, statement 207

Brenner, M. Harvey, Ph. D., professor, Johns Hopkins University, School of Hygiene and Public Health, letter of July 27, 1983, in response to questions of Senator Helms 209

OVERSIGHT ON FEDERAL NUTRITION PROGRAMS

MONDAY, MARCH 14, 1983

U.S. SENATE,
SUBCOMMITTEE ON RURAL DEVELOPMENT,
OVERSIGHT, AND INVESTIGATIONS OF THE
COMMITTEE ON AGRICULTURE, NUTRITION, AND FORESTRY,
Washington, D.C.

The subcommittee met, pursuant to notice, at 9:05 a.m., in room 332, Russell Senate Office Building, Hon. Mark Andrews (chairman of the subcommittee) presiding.

Present: Senator Andrews.

STATEMENT OF HON. MARK ANDREWS, A U.S. SENATOR FROM NORTH DAKOTA

Senator ANDREWS. I want to welcome all of you to this hearing conducted by the Senate Agriculture, Nutrition, and Forestry Subcommittee on Rural Development, Oversight, and Investigations. Our topic of oversight that will receive the attention of today's hearing and be the focus of other hearings we intend to have in the future will be the effectiveness of the Federal food and nutrition programs and their relationship to the citizens of this country whom they are intended to serve.

Newspaper reports and television newscasts have reported to us in recent months that many of our fellow Americans are suffering from hunger and malnutrition. In addition, there are many who fear that they may not be able to afford adequate diets if their economic circumstances continue to decline.

What we want to explore today with our witnesses is the question of what is really happening. Are Federal programs adequate? Do they serve the needs of all who have experienced the loss of employment, the children of the poor, the needy adults? Should we do more? Should we do less? What do these programs do well? How important are these Federal food programs to our social stability, and what are our moral and ethical obligations to people who lack food and adequate nutrition?

Before we hear from our witnesses, I want to emphasize the bipartisan nature of these Federal food and nutrition programs. When hunger was discovered in America in the 1960's, it became the concern of Democrats, Republicans, and independents. I believe there is a strong feeling in the United States that no one should be allowed to be hungry or malnourished unless by personal choice.

This feeling is strong because we are a Nation of great agricultural abundance, unmatched in the history of the world.

In addition, we are a Nation of caring and compassionate people that peoples of other nations look to in time of tragedy. Most of you are aware of the historic nature of the Federal food programs. Even though the school lunch program was enacted in 1946 and a modest version of the food stamp program was in operation in the 1960's, the early 1970's saw a dramatic increase in these programs to serve a much larger arena of needy citizens.

In 1970, uniform national income guidelines became part of the national school lunch program so that all children regardless of family income would be able to enjoy the benefits of the school lunch program, and in 1974, the food stamp program became a national program operating throughout the United States and territories based on a uniform set of Federal rules. I might add at this point that we have found that when we carry on our AID projects overseas, when we move into the underdeveloped countries, and attempt to bring their young people here for an education, we bave found in country after country through Latin America in the 1960's that if we have a school lunch program in that school, the children will come for the nutrition, and their minds will be nourished by the academic program as well. It is amazing how basic that is. It is also amazing how basic is the respect these countries have for us based on the fact that we can produce enough food to feed ourselves, and have enough left over to share with others. They think that is a much stronger indication of the America that they would like to be friendly toward, than the fact we can land a man on the Moon or blow the world up 10 times over with our nuclear armaments.

So there are some important strengths of America that are portrayed in our whole nutrition program, and, of course, the expansion of the child nutrition programs here at home developed in the 1970's after the American public and their elected representatives, again of both major political parties, responded to the fact that probably millions of our fellow citizens were suffering from hunger and malnutrition.

It does not do much good to run food-for-peace programs overseas and have your own people back home suffering from malnutrition. People begin to wonder whether you are really doing what you say.

Many of you are aware that in 1967, the Field Foundation sent a team of doctors to economically depressed communities. Each physician on the team reported finding widespread hunger and malnutrition. In 1968, a citizens board of inquiry in hunger and malnutrition in the United States reported findings to the American public on the extent of domestic hunger. Television news programs and documentaries focused on these problems, and congressional committees investigated them thoroughly.

Concern about hunger in the United States led to, again, bipartisan congressional efforts to better meet the nutritional needs of children. In 1975, school breakfast became a permanent program and stated that the program should be made available in all schools where it was needed to provide adequate nutrition.

In 1975, the special food service program for children, which had been added to the School Lunch Act in 1968, was divided into the

child care food program and the summer food service program. In 1978, the child care food program was made a permanent program.

In 1972, the special supplemental food program for women, infants, and children, known as WIC, was added to the Child Nutrition Act as a pilot program, and in 1974, WIC was made available nationwide.

You can see from my recitation of years when programs were upgraded or developed that much of the effort to eliminate hunger and malnutrition was waged during Republican, as well as Democratic, administrations. Hunger does not know politics, and the politics of hunger becomes the politics of neglect. If we are trying to be a nation that has a head that other people should turn to, we had better be first a nation that has a heart so they can depend on where our head might possibly lead them.

In fact, it is my understanding that almost all hunger in the United States had been eliminated by the middle and late 1970's. Therefore, our concern today is to get some insight into what is happening. Are hunger and malnutrition, which were prevalent throughout the country in the 1960's, reappearing today; and if so, what must we do about it, or is this just the reporting of the media which does not go into depth and vastly overestimates isolated occurrences?

I have visited feeding programs and eaten with the hungry and needy. In fact, I was told by a couple of priests I am the first U.S. Senator that came without television cameras, but maybe that is one of the better ways to see what is actually going on in some of these feeding programs.

I am inclined to believe that hunger and malnutrition do exist in really startling cases across this country. If that is true, I think it should be unacceptable to Congress and the administration. I think that correcting this program should not be a partisan issue.

Allowing hunger and malnutrition to occur side by side with massive agricultural abundance demonstrates mismanagement, inefficiency, and a total lack of foresight, as well as a total lack of caring. It is unwise to be telling farmers to cut back production of food when you have individuals among your own citizenry who are short of food. It is appalling to read about farmers out in the Plains States who are hard hit by the economy putting together donated carloads of wheat, arranging to have the wheat milled into flour and sending it on to food distribution centers in downtown Detroit and the ghetto areas of other cities in this country, and then go into the volunteer feeding programs in these cities and see not 1 pound of government food available to the volunteers. They have to go out and scrounge what they can out of the dumpsters near the markets, but there is not a pound of flour; there is not a bit of pasta products. There is no cheese or butter or whatever else that could well be shared with the hungry of this country from our agricultural abundance.

It is apparent that there is a great interest in Congress for the issues we will be discussing today. In the Senate we have seen introduced Senate Concurrent Resolution 6, the preventing hunger at home resolution, as well as S. 17, the Domestic Commodity Distribution Food Assistance Act which we passed out of the Agriculture Committee in this very room in the last few days.

So we will be looking at an area of interest that concerns many of our colleagues.

We are fortunate today in having individuals testifying regarding the problems that I just mentioned that are familiar with the effectiveness, shortcomings, and the strengths of the Federal food and nutrition programs. There may well be differences of opinion. As a matter of fact, I expect that there will be. That is what makes for a good hearing.

But I have no doubt that each person, organization, or agency they represent care about this problem we are about to address, and this is a necessity if we are going to solve and answer this problem. It is a great necessity if we are going to get on the record in one place the shared experiences of a number of people from across this country from different disciplines, representing different organizations, so that we can have a hearing that will assist in remedying the situation.

Senators Leahy and Pryor could not be here this morning, but they have written statements which they would like to submit. Their statements will be made a part of the record.[1]

So let us begin, and this morning we are fortunate to have as our first witness Dr. Jean Mayer from Tufts University, the president of Tufts University in Medford, Mass.

Won't you sit down, Dr. Mayer?

I am particularly intrigued with Dr. Mayer because in my period of service in the House, I served on the Subcommittee on Agriculture of the Appropriations Committee for a good many years. We founded and had the first human nutrition laboratory in the country, sponsored by the Federal Government, at the University of North Dakota, and we felt it was important in a nation that knows so little about human nutrition.

In fact, our Nation dedicates still more dollars to studying livestock nutrition than we do to studying human nutrition. I do not think we are spending enough for livestock nutrition. I have to add that caveat as a farmer, but similarly, I think we must spend far more in investigation and research in human nutrition.

It is not a spending program. It is an investment program. It is a program that can save countless dollars down the line. In my experience in helping set up our human nutrition lab at Grand Forks, I remember Dr. Mayer and his efficient people from Tufts and the Massachusetts congressional delegation coming in and saying that they should have one at Tufts University, and there was a gentleman by the name of Tip O'Neill in the House of Representatives, and when Tip spoke, we decided that we had darn well better listen, besides, the cause was just, because Dr. Mayer is one of the leading nutritionists in our Nation, having served at Harvard University for, I think, 24 years. They went ahead and we funded the human nutrition laboratory that is now working at Tufts, while, I might add, adding two or three floors to the one in North Dakota, but yours is now operating and moving along, and we are gaining from that experience and are now beginning to take a look at one

[1]See p. 97 for the prepared statement of Senator Leahy and p. 98 for the prepared statement of Senator Pryor.

in Texas at Baylor University. We look forward to the great results that we are getting from all three of those institutions.

Doctor Mayer, we appreciate your taking time to come here and share your view on this important subject with us today.

Welcome to the subcommittee.

Dr. MAYER. Thank you, Senator.

I assume that the testimony I sent will be a part of the record? [1]

Senator ANDREWS. You may assume that the testimony you sent will appear in the record, word for word. You may improvise in any way you want to, summarize, add to it or whatever, and leave some time for questions.

STATEMENT OF DR. JEAN MAYER, PRESIDENT, TUFTS UNIVERSITY, MEDFORD, MASS.

Dr. MAYER. Well, I would start by saying that I am very pleased to be testifying here before you today. I do so with a certain feeling of melancholy. I was the first witness ever to appear before the Select Committee on Nutrition in 1968, having been chairman of the National Council on Hunger and Malnutrition in the United States, and then I think served on four or five Presidential Commissions over the years to help plan, put in place, and develop the food programs.

And at this point in my life I have a horrible feeling that I have to fight and argue to save programs which I think really demonstrate their worth. I was very encouraged by your mentioning the results of the Field Foundation surveys, the 10 years after survey.

The first survey, as you had pointed out, had shown considerable hunger and malnutrition throughout the country in a variety of ethnic and geographic groups, among whites in Appalachia, among poor blacks in Mississippi, on Indian reservations, in slums of large cities, in northern Maine and so on.

The second survey, very much in the same areas and very much by the same people 10 years later in 1978, really showed that hunger and malnutrition had been conquered as overall social phenomena in the United States. In 1969, President Nixon had made it a national goal that we would eradicate hunger and malnutrition from the United States for all times. We were really very much on the way to realizing that.

I was also, Senator, very pleased at the way you recognized that the problem of hunger and malnutrition has not been a partisan problem, that the solution in the past has been really achieved by two Republican Presidents working with two Democratically controlled Congresses.

Having said all of this, let me say that there is clear evidence of a considerable erosion in the food programs at the very time when the Nation is going through an economically difficult period, and where you might expect an increase in needs.

The evidence is per force fragmentary. A number of us had argued over the years that we needed in this country a nutritional surveillance system which would be particularly directed at vulnerable groups so that we could follow what happened to the state of

[1] See p. 99 for the prepared statement of Dr. Mayer.

nutrition of poor Americans over the years as the economic situation went up and down.

President Ford was particularly interested in this concept. I remember having long discussions with him on this, and I have no doubt that had he been reelected, there would have been a push for the installation of the surveillance system. As it is, we do not have it, and what we have is a consumption survey done by the Department of Agriculture every 10 years, but which embraces the whole of the United States. It is based on a representative sample. The number of poor people in various regions or of various ethnic origins is very small, and while this is a tool which gives you some idea as to what the consumption patterns of the American people are, it really does not give you a good view of what is happening to the poor.

The other evidence we have, therefore, rests on a number of points of information, for instance, what is seen in pediatric wards of hospitals, what is seen in lying-in wards, and increasingly, the reports of mayors of large cities, and I know we have one mayor here today, on the number of food emergencies they face.

I have had a number of conversations in the past few months with people, one Democrat, one Republican, Harrison Goldin, the comptroller of the city of New York, and Mayor Voinovich, the mayor of Cleveland, both of them telling me that the number of food emergencies they have to cope with has enormously increased in the past few months. I think Mr. Goldin first spoke of having 10 times as many as he had 2 years ago. Mayor Voinovich says that of the funds he had earmarked for civic improvements, almost nothing is left because he says, "I have to spend every discretionary penny I can get on keeping people alive."

And there are reports of that sort from all over the country, which really are new, and I have over the years really been very closely associated with those programs. I listen. I cannot give you a strong statistical basis for what is being said, but there is no doubt in my mind that the number of people in great need is much greater than it was before.

Now, there is also evidence that infant mortality is rising in some districts, and I know, having been a professor of a school of public health for 26 years, that the infant mortality rates do not uniformly decrease, that there are little blips due to small numbers or to flu epidemics or due to accidents of that sort every now and then, but let me say in advance of what some other witnesses are going to say that I am quite convinced that the increases in infant mortality that we are seeing are, in fact, related to deterioration of social conditions.

The increases are, by and large, taking place in the areas of maximum unemployment. For instance, the two States which are particularly hit in terms of increases in infant mortality are Michigan and Alabama, which are the two States in which there have been the greatest increases in unemployment because of the situation in the automobile industry and the steel industry. You can look at infant mortality figures in Ohio and Michigan, and they clearly follow the pattern of unemployment. For instance, Youngstown is showing an increase. Pontiac, Flint, and Detroit are showing increases, and in the case of Detroit, where in some districts six

out of ten people are unemployed, the rates of infant mortality are on the order of 33 per 1,000, which is extremely high. The average for the country is 12.

You would expect, as a matter of fact, there has always been an increase in infant mortality rates in periods of unemployment. What is new is that we have those increases at the same time as programs are being dismantled.

The second point I would like to make is the fact that in some ways we are penny-wise and pound-foolish. There is now very good evidence that the WIC program, for instance, saves about $3 per dollar spent on the year in which it is spent. The WIC program, the combination of nutrition and prenatal care it represents, clearly decreases the number of premature babies being born. The cost of caring for a premature infant in the hospital when there is no complication is of the order of $450 per day. If there are any sort of complications and extended stay, the bill can run up to $30,000 or $40,000 extremely easily.

And on that basis alone you can demonstrate that you save $3 of medical care per dollar spent on the WIC program.

If you add the fact that children born with inadequate weight are much more likely to be struck with mental retardation than normal weight children, then the figures become astronomical. I know that in my State I tried to get some figures on the lifetime care costs of a retarded person. It is on the order of $2½ to $3 million.

So anything which reduces that type of cost is obviously very important.

I know that there has been much talk of a safety net, but let me say that I do not see any evidence of it as regards many of the children's programs, and for that matter, we have a terminology whereby we speak about child nutrition programs, on the one hand, and food stamps, on the other. But I think it is important to remember that close to 50 percent of the food stamp recipients are children, and that this is the program that feeds the children day in and day out, and three meals a day.

The school lunch program feeds them 1 day out of 2 for 1 meal out of 3. Even then, something of the order of 3 million children have been forced out of the school lunch program by the cuts in the school lunch program, and of these, over a million were children receiving free or reduced cost school lunches. So those children really are being hit. They are being hit both by reduction in food stamps and reduction in the school lunch program.

Another point I would like to make is the point that has to do with the distribution of surpluses. I think it is very important to reduce this enormous pile of deteriorating food supplies that we have in this country, particularly the dairy products. We spend an enormous amount of money in storage. There is a program proposed at present which would distribute it. I am all in favor of it.

On the other hand, I think it is important to see that there are some negatives to that program. The first one is that the way in which it is distributed is important. Politically, as you pointed out, Senator, if there is one thing that this country knows how to do better than the Soviet Union, it is the production, processing, and distribution of food. If there is one thing that does not do us any

good, it is to see on foreign television programs day after day programs showing soup lines, people staying up all night to get a little piece of cheese the next morning, and the amount of propaganda value that this causes is absolutely enormous.

I think anything that can be done to distribute those commodities through mass feeding programs which have the equipment in many cases to deal with it, which indeed some programs may not have, would be a great improvement over the sort of haphazard and undersupported way in which this has been done.

And, of course, I think we should all realize that distributing cheese is not a substitute for food stamps. Somewhere somebody out there said that man does not live by cheese alone, and while this should be distributed, it should be distributed well.

Senator ANDREWS. At that point let me ask you a question because the dairy industry is concerned about the surplus stockpile they have, and that surplus is building up. Those of us on the dairy side understand why, it is because the price of the cow is down. The beef market is pretty low, and to cull the cow at these low prices is less than something that they want to move into. The price of feed is down because the cost of grain is low, and so they just keep producing more milk.

They recognize, however, that these stockpiles are injurious, not only to the price support program, but they cost the taxpayers a lot.

The dairy industry has proposed through their cooperatives about 9 or 10 months ago that they would cap the surplus stockpile at 3 billion pounds, which is about a third of what it is right now, and any poundage over that, they would be willing to absorb. The dairy farmers themselves would donate it to feeding programs in the United States, such as churches, charities, and nonprofit organizations, or they would try to sell it overseas. They would not sell it in this country. They would donate it.

What is your feeling as a nutritionist of the value of that kind of program, where the dairy industry themselves would handle the surplus and donate it to the churches and the charities in this country? Could that be a help?

Dr. MAYER. I think it could be a help. I think, you know, we made a choice nationally about 10 years ago that we would not, in effect, accept the system of parallel commissaries with special foods and special food distribution for the poor with, in a sense, different ways of getting your food depending on what social class you belong to, as is true, as a matter of fact, in the Soviet Union, but that we would use one of the great strengths of America, which is that we have a marvelous system of food distribution. The supermarket is the sort of communion table of the American people. Everybody goes there, rich and poor, and shops in the same stores; and that we would use through the food stamp mechanism the normal distribution system to feed the poor.

I am very reluctant to have any system whereby children are going to be identified, American children, as the children of the poor, the poor children. They are being fed differently from everybody else. If we want to avoid the creation of a dependent class, if we want to get on with social progress, I think that we have to avoid this sort of soup line, food-for-the-poor approach.

This is why I am saying that yes, of course, I am in favor of distribution, particularly of dairy products which are nutritionally very good products, but I think it has got to be done very intelligently through mass feeding programs, through reinforcing the school lunch program, through preserving the summer food programs, which are extremely important.

You mentioned the term "social stability" when you spoke earlier, Senator. I think the summer food programs in the large cities, which in turn permit the cities to create recreation and education programs for the summer, are extraordinarily important to the stability of the country. I think a number of us were relieved that Detroit did not blow up last summer, but when you have enormous numbers of children and adolescents with nothing to do and no programs, you have a tinderbox and I think a very strong reinforcement of our summer food programs might be a way to use a lot of surplus commodities without it appearing to be special food for the poor.

Senator ANDREWS. In other words, the summer food programs, the school lunch programs, the school breakfast programs, but the basic foundation is the food stamp program in your mind?

Dr. MAYER. Yes, absolutely.

Senator ANDREWS. And this is the suggestion you are giving.

Dr. MAYER. The other point I mentioned, Senator, which I think really needs to be done is this. In the so-called tightening of requirements for the school lunch program, in many areas the parents of children who are eligible for reduced cost lunches now have to go and get their credentials at the welfare offices. Now, we all make prior statements in favor of people getting themselves out of dependency, but in this country it seems that no matter what we do, the working poor are the people who end up getting it in the neck.

I think that to take the working poor and force them to go to the welfare office in order to have their children be qualified for school benefits is inept. I think if we really want to make people feel, you know, what is the use; I end up at the welfare office anyway, it is that sort of requirement.

And I do think, as an educator as well as a nutritionist, I cannot insist enough on the fact that making sure that children are not labeled as being in different categories is an essential element in a good program.

Senator ANDREWS. Dr. Mayer, let's run this one by you. Do you think it is far more important in the social growth of that child that it not be identified as being in a separate class? Do you feel this is important enough so that you would not be too concerned if that type of a program ended up feeding a moderate income child right alongside the poor child because the identity of the child from the have-not family, saving that stigma, would be more than balanced in what might be termed a waste in spending some money to feed someone who was not totally impoverished?

Dr. MAYER. There are a number of industrialized countries that have taken the viewpoint that the cost of a school lunch is very small as compared to the overall cost of maintaining educational programs and have free lunches for everybody, which is one way,

of course, of making people less worried about the fact that somebody might get something to which he is not entitled.

We are a country with food coming out of our ears, and if there is one area in which we can afford to be generous, it is in the food programs.

Let me add one point there, which we discussed briefly before, but which I think is worth mentioning. The Department of Agriculture is a Department made up of very serious people. It is a much better administered Department than many other Departments.

For instance, I see all sorts of rational reasons on paper for putting some of the food programs in HHS instead of Agriculture because they are, in a sense, human services. On the other hand, I have always been impressed by the fact that the Department of Agriculture was much better run than HHS, continues to be much better run, and I think we have a much better chance to have good food programs if they remain in Agriculture.

But on top of it, I think it is very important to have the Department of Agriculture remember that their first function is to feed the American people and to insure that the farmers are prosperous in the process.

One of the things that concerns me in looking at that Department very closely is the lack of systems approach which characterizes the Department. They see the food programs as one category, the maintenance of the income of farmers as another category, as though there was no relation. They are running the PIK—payment-in-kind program—which by and large is a good, useful program, but with really minimum or no connection with the antierosion program, and the two could have been coupled, I think, extraordinarily usefully.

The problem that you mentioned of managing surpluses without collapsing prices is a problem which we face both for our own farmers and in assistance programs abroad, and I have never seen an orderly plan by the Department of Agriculture on how to manage surplus commodities in the United States while, at the same time, keeping prices high enough so that the farmers to stay in business. And I have seen even less evidence of any sort of coupling of the type of food for peace, sale of surplus commodities abroad with a rational program for the encouragement of self-sufficiency by poor countries, which in the long run is the only way that the world is going to feed itself.

I think what is really urgently needed at this point is the development of some sort of a small policy planning staff in the Department of Agriculture that could really look at the sort of problems which you mentioned, which is crucial to the maintenance of farmers' income at the same time as to the maintenance of good food programs, and apply it to both at home and abroad.

Senator ANDREWS. Well, in the time you have been on these Presidential commissions looking into the whole subject of hunger and nutrition, did you find that there was not this kind of policy planning staff in the Department of Agriculture?

Dr. MAYER. I have never seen evidence of it with either of the parties. I think some Secretaries have realized something which is absolutely essential for the Department of Agriculture to understand: That the constituency of the Department of Agriculture has

shrunk to about 2 percent of full-time farmers, 2 percent of part-time farmers, and that the strength of Agriculture would be considerably increased if the Department was called the Department of Food and Agriculture, as it is in many countries. I think this would immediately mean that the whole country has a stake in that Department. It would link together the sort of topic we are talking about right now and the problem of agricultural production, and it would reconcile some of the conflicts that otherwise the Secretary has of being a representative of agribusiness, but also running a consumer protection agency, being responsive to organizations like the Farm Bureau which does not like taxes and does not like Government expenditure, and at the same time being responsible for the nutrition of the poor and for the maintenance of farmers' income.

I think that a recentering of that Department in the light of its principal responsibility, which is the feeding of the American people, would be extremely useful for the farming community as well as for the Department of Agriculture.

Senator ANDREWS. Of course, in a sense, those of us in agriculture who feel that maybe we are biased feel that the strongest support for the American consumer is a healthy and economically viable farm segment. Without that, there is no production.

Dr. MAYER. Absolutely.

Senator ANDREWS. So it is really a consumer food organization in that it does support the production of food out in the land.

You mentioned about having a nutrition surveillance system. How would that operate?

Dr. MAYER. I think that what we need at this point, clearly in a situation where we have a deterioration, where hunger is coming back, where we have at least a very serious question that there is an increase in infant mortality partly due to the reappearance of malnutrition, what we need, I think, is two things.

On the one hand, a consumption survey, which would mean that instead of having a survey by the Department of Agriculture every 10 years, they would pick a number of representative poor groups, sampling in poor districts, in Appalachia, in the Deep South, in Maine, in big cities, among native inhabitants of Alaska and Puerto Rico, and so on, and have an ongoing surveillance of what the patterns of buying are. What do they buy? What do they consume, and how is this changing over time?

That may not be an expensive proposition. It could be done relatively simply. It could be done by a relatively small group of people, and it might not have a general national statistical character, but it would be a good warning point if things really changed.

The other thing that is needed is a better monitoring, I think, of lying-in wards and pediatric wards in the general hospitals of large cities, as well as in a number of representative hospitals in poor rural districts. Again, you are not trying to get a statistically irreproachable national picture, but you are trying to see what is happening to a number of discrete poor groups.

You could do a surveillance of that sort at very little cost, and it would tell you if things are changing. We just do not have that surveillance system at this point. The CDC has never developed it for nutrition. They do it for infectious diseases, but they do not do it

for nutrition, and Department of Agriculture really has been interested in patterns of consumption for the American people as a whole, not in terms of surveillance of the poor.

Senator ANDREWS. What is the relationship between food production in the United States and the hungry? We are almost at our peak in food production right now, the last couple of years, and we have seen the number of hungry rising at the same time. There is a correlation, and I think you mentioned in your remarks earlier, between income in the United States and adequate nutrition, but there does not seem to be a correlation between the production of food and adequate nutrition.

Dr. MAYER. No, there is not. Another thing which is happening, which I am not sure the Congress has full understanding of, is that there has been a shift in groups in terms of who is poor in the United States in the past 20 years. That shift has been called the feminization of poverty. The number of elderly poor, for instance, has shrunk as compared to 1960 because more and more people are covered by social security. Whereas 35 percent of the elderly were poor in 1960, it is only 15 percent now. That does not mean that their needs are not acute, but the proportion is not the same.

By contrast, there is an enormous increase in poverty among women-headed families, and the bulk of the poor at this point are families headed by women with small children, and I think it is important to realize there is an enormous number of those women, for instance, with children under 6 who are working, with very little support in terms of day care centers, but doing what they can.

The feminization of poverty, I think, suggests two things. The first one is that the jobs bills, like construction bills and so on, while they are going to do something about the unemployment of men, are not going to do very much for women with small children who constitute a very large proportion of the very poor.

The second one is that while there are all sorts of advantages to the federal system of government, there are some disadvantages, and unless we have a national system of forcing husbands and fathers who have left their wives and children to support them, we are going to have a growing problem in terms of an increasing number of poor children having to be supported. The best estimate we have is that between now and the year 2000, one-third of all American children are going to be eligible for food stamps.

Senator ANDREWS. Well, let me run this one back by you. It concerns me very much. You are saying that we had a problem with malnutrition in this country a couple of decades ago, that we eliminated a good deal of it, and now we are coming back with a problem of malnutrition again.

But this time the undernourished are the youngsters, whereas before, the pockets of malnourishment were largely among the elderly, and the thing that this would indicate to me is that this compounds the cost because if the child is undernourished, you are going to be paying through various social programs for the medical care of this malnourished child for decades to come. Am I right?

Dr. MAYER. Yes. We have comparatively fewer elderly people who are poor and a higher proportion of children and woman-

headed families. You are right. It also minimizes the effectiveness of our education programs because hungry children do not learn.

You reminded us, Senator, that the school lunch program had been set up immediately after World War II. I think it is worth it to remember that one reason for that is that people had been appalled by the fact that 50 percent of the draftees were rejected for physical reasons.

I think it is important to remember that we now have a professional Army, but that by and large a very large proportion of that Army is recruited from the very class of youngsters who have been on food stamps or eligible to have food stamps, and I think not having good nutrition programs for them is not going to improve either their physique or their patriotism.

I really think we cannot afford as a nation not to feed the children.

Senator ANDREWS. In other words, you are pointing out to the committee that perhaps even those flinty-eyed individuals who would prefer to tell people to do it on their own, if they do not care about human beings and they only care about the bottom line, this type of action is leading to much more cost in dollars, much less human suffering, much more cost in dollars in the outyears because the neglected poor now, the malnourished poor now, are in the age generation that will be adding to problems and costs on down the line.

Dr. MAYER. Both medical and social.

Senator ANDREWS. So if they do not care about it from a human standpoint, they ought to care about it from a dollar standpoint.

Thank you very much, Dr. Mayer. We appreciate so much your taking the time to come and share your wisdom with the subcommittee.

Dr. MAYER. Thank you, sir.

[Questions submitted by Senator Helms to Dr. Jean Mayer, and answers thereto:]

Question 1. You stated that "there is clear evidence of a considerable erosion in the food programs at the very time when the Nation is going through an economically difficult period, and where you might expect an increase in need. Could you provide any specific evidence to support this contention?

Answer. I assume that we are in agreement that the Nation has in fact been going through a period of economic difficulties, with an initially high inflation rate and an increasingly high unemployment rate, and that such difficulties bring about an increase in the needs of low-income or unemployed citizens. As to the erosion in the food programs, it seems to me that, too, is well documented. Let me just cite a few highlights.

In 1981, the School Lunch Program was cut by 30 percent, primarily by lowering eligibility limits for free or reduced-price meals and by reducing federal subsidies, particularly in reduced-price meals. Participation in the program fell by over 3 million. Thirty-five percent of the decline was in free and reduced-price lunches. Today, 1.1 million fewer children are receiving free and reduced-price lunches than before the budget cuts went into effect. Between 1,000 and 2,000 schools have dropped out of the program; thus, free and reduced-price meals are unavailable to needy children in these schools. The School Breakfast Program was cut by about 20 percent. Today, about 500,000 fewer children participate, and almost 70 percent were getting free or reduced-price breakfasts. The Child Care Program has been cut by about 30 percent; the Summer Feeding Program by about 25 percent. Summer lunches were terminated for some 500,000 low-income children who had participated in programs set up by churches and other non-profit organizations. Funding has been held steady by Congress for the WIC program but this has in effect meant a cut. Until passage of the emergency job bills, the program was serving some 2.4 million women, infants

and young children. With the extra funding provided by the bills, the states that had cut back on their programs, or like (Louisiana and Iowa) had had to refuse new participants entirely, are able to take on new cases. Participation in WIC will probably rise to about 2.75 million. However, the overall eligibility figure for WIC runs to about 9 to 9.1 million nationwide; the waiting list does not come close to indicating the true scope of need. As to the Food Stamp program, the base on which all the supplemental programs rest, total cuts in 1981 and 1982 have exceeded $2 billion a year. About one million people have been locked out of the program and almost all the others are receiving smaller benefits. All told, the Food Stamp Program has been cut to almost 20 percent below the levels it would have reached if the cuts had not been made. The Center on Budget and Policy Priorities has analyzed the reductions and found that about 80 percent have come from reducing benefits for people with gross incomes below the poverty line and that much of the remaining saving has come from reducing or terminating benefits for the working poor, whose incomes are slightly above the poverty line. Incidentally, the consequences for the working poor in various states of overall Federal budget cuts which took effect in 1982 have been extensively documented in a study directed by Richard P. Nathan of Princeton University, which will, I understand, be published next fall. Some states attempted to compensate, at least in part, for Federal cuts in such programs as Medicaid, AFDC, unemployment benefits, economic development planning, low-income energy assistance, and other social services; others added their own reductions to those of the Federal government.

As I said in my testimony, the evidence of increasing hunger in the United States is all around us, in the lines of people waiting for food at the increasing number of soup kitchens in large cities, or waiting for handouts of donated food or surplus cheese, in the increasing number of reports of malnourished children being admitted to hospitals. Nancy Amidei of the Food Research and Action Center included a sample of news articles from around the country in the record of the March 14 hearings. I reported my conversation with Mayor Voinovich of Cleveland; I can add to my mention of the problems in New York State that Mr. Harrison Goldin, Controller of the City of New York, wrote me in January that in the past year calls to the New York City Food and Hunger Hotline increased by 100 percent. The number of food emergencies in East Harlem rose by 1,250 percent. You have perhaps seen the testimony given before the Subcommittee on Nutrition on April 8 by Dr. J. Larry Brown, of Harvard University. A study at Boston City Hospital, cited by Dr. Brown, reports three times the expected rate of growth failure in a population of low-income children suffering from "silent undernutrition." As I said, at this point the evidence is per force fragmentary. The need for an ongoing national surveillance system directed at vulnerable groups is clearly indicated.

Question 2. You noted that Detroit has an infant mortality rate of 33 per 1,000. Do you have any information on the historic trend of infant mortality rates in Detroit? Some observers have noted that the comparative use of inner city statistics where black populations are often larger—with the national average is inappropriate because black infant mortality is historically close to double the national rate. What are your views in this regard?

Answer. It is not the entire city of Detroit, but a census area within Detroit, area A, which is experiencing the infant mortality rate of 33 per thousand live births. In the city of Detroit as a whole, the 1980 infant mortality rate was 21.0. In 1981 the rate rose to 21.9, an increase of 4 percent. (This is small compared with the increases cited by the Michigan Department of Public Health for the same period in Flint—up 12 percent; Pontiac—up 17 percent; and Warren—up 53 percent.) It might be of interest to note that the unemployment rate in Detroit in November of 1980 was 15.6 and in November 1982 it had risen to 20.0. For the same periods, the unemployment rate in Flint was 17.1 and 26.5; in Pontiac, 24.8 and 32.9. The infant mortality rate for Michigan as a whole rose from 12.8 deaths per thousand in 1980 to 13.2 in 1981. The provisional rate for 1982 is 13.0. At the end of 1981, Michigan ranked 36th of the 50 states in infant mortality. For the state as a whole, unemployment rose from 12.5 in November of 1980 to 16.4 in November of 1982. By December 1982 it was 17.3.

The infant mortality rate for blacks is of course incorporated in the overall infant mortality rate for the nation. Blacks as a group tend to have higher mortality rates than whites, for reasons that appear to be environmental and social, rather than inherent differences in black and white populations. For decades, infant mortality rates for blacks (which have been slightly less than double those for whites) have been coming down, paralleling those for whites of about ten years before. Any reversal in this trend is obviously of serious concern, as is a reversal in this trend of overall infant mortality in some areas. We should not allow the continuing decline in

national rates to obscure the fact that there is a very serious problem in some parts of the nation, or that the problem appears to be linked with the economic situation, and is attributed to economic conditions by the public health authorities in the areas. A series of recent publications from the State of Michigan Department of Public Health provides an in-depth analysis of the situation in the state. I can also recommend to your attention the three-volume 1981 publication from the U.S. Department of Health and Human Services, entitled better Health for Our Children: A National Strategy; the report of the Select Panel for the Promotion of Child Health to the United States Congress and the Secretary of Health and Human Services.

Question 3. Do you have any specific information or statistics to support your contention that "there has always been an increase in infant mortality rates in periods of unemployment."

Answer. As you know, in developing countries, a high infant mortality rate is, sadly, one of the most sensitive indicators of poor socioeconomic conditions, whether the cause be a sudden serious crop failure or a chronic inequity of distribution. The same association exists in industrialized nations. We have data for most European nations as well as the United States, Canada, Australia, New Zealand, and Japan, back at least to the 1920's. In these nations, in the long term, industrial growth is inversely related to the overall infant mortality rate. The classic study for the United States was done by Dr. W. H. Brenner of Johns Hopkins University back in the late 1960's. It looks at trends in fetal, infant, and maternal mortality from approximately 1920 (depending upon when data for the specific category became available) to 1968, and correlates these trends with economic conditions in the same period, using the inverted unemployment rate as the indicator. Dr. Brenner found that the inverse relationship existed between national economic changes and infant mortality under one year in each of the major age categories examined, and that the relationship occurred even when the changes were looked at in annual intervals.

Question 4. You indicated in your testimony that "Every dollar spent on the food component of the WIC program can save as many as three in immediate medical costs." To what evidence do you refer when you make this assertion? John Bode, Deputy Assistant Secretary for Food and Consumer Services, testified that these finding are only with respect to about one-fourth of all WIC participants and not to the entire WIC caseload. Also as I understand it, the study was only based on one State, not nationally.

Answer. I was discussing the pregnancy component of the WIC program when I made this statement. (This, of course, leaves to one side long-term savings which I also discussed in my testimony.) As you know, evaluation studies of the type done for WIC attempt to assess a representative sample of a given population, and to compare it with a control population similar in other respects. The series of studies on WIC that have been done in various states—North Carolina, Tennessee, Massachusetts, Oklahoma, and, most recently, Missouri—all report results remarkably similar to those of the Harvard study, the "study based on one state" to which I assume your question refers. I attach a copy of the testimony of Dr. Eileen Kennedy, Visiting Assistant Professor at Tufts University, and co-author of the Harvard study, before the Education and Labor Committee of the U.S. House of Representatives on March 2, 1983. The testimony includes a list of the studies and a short summary of the findings. At the same hearings, Dr. Rose Ann Langham, of the Department of the Health and Human Resources of the Office of Health Services and Environmental Quality of the State of Louisiana, testified that Louisiana's ongoing study of birth weights of infants of women participating in the WIC program indicates that the Louisiana WIC program has helped to prevent some 460 low-birth-weight babies among the 11,817 women who participated during pregnancy. At an estimated $7,000 per pound gained while a low-birth-weight baby is in intensive care, the savings to the state are obvious. You may be interested in the cognitive study of children born of mothers on WIC, cited by Dr. Langham, which indicates a significant difference in ELP scores between these children and siblings who were not on WIC supplementation during their prenatal development. This testimony and a copy of the cognitive study are also attached.

Question 5. You indicated that the Child Care Food Programs are primarily serving low-income families. Are you familiar with recent USDA figures which indicate that approximately two-thirds of all participants in the day care home component of the child care food program would be in the highest income category—in the paying category (if such a category existed)?

Answer. About 70 percent of the children served by the Child Care Food Programs are low-income. Frankly, I was surprised at the figure for the home component. By contrast, the Department of Agriculture's latest figures (March 1982,

March being traditionally the peak month for participation and used as the indicator for the year) for the day care center component of the programs show that only 21 percent of these participants pay full price, that 13 percent of the meals are reduced-price, and that 66 percent are free. Since of the total 912,900 children in the Child Care Food Programs, 212,000, or 23.3 percent, are participants in the day care home component, and the experience with the day care center component is so positive, if the Congress in consultation with USDA feels that a return to income-eligibility guidelines is justified at this time, it would seem that the funding should be shunted to the day care center component of the Child Care Food Programs.

Question 6. As you know, there is no requirement that individuals served by the summer food service program must be low income. What information do you have to support your contention that this program is serving exclusively the poor?

Answer. I did not state that the summer food service program serves the poor exclusively, but that the vast majority of the children in the program are poor. As you know, the Department of Agriculture has no figures on the percentage of non-needy children served in this program, but I think we can make an informed guess by the fact of the regulations. There is no statutory mandate that the summer food service program must serve the poor, but the eligibility of an area to establish a program is based upon evidence from the schools or the census tract either that 50 percent or more of the children in the area receive free or reduced-price school meals, or that 50 percent or more of the children are below 180 percent of the poverty line. While it is possible that the program could be serving some non-needy children, it is unlikely that many would deliberately come into the area simply to receive the food. I am sure, particularly given your deep concern for the well-being of children from the moment of conception, that you will agree with me that it is much better to take a chance on feeding some lower-income children than to miss feeding much larger numbers of very poor children.

Question 7. You indicated in your testimony that "in many areas the parents of children who are eligible for reduced cost lunches now have to go and get their credentials at the welfare offices." Could you provide any specifics on this practice? I believe you may be referring to a proposal, not yet enacted or implemented, which would require the verification of free and reduced price lunch eligibility although possibly without requiring actual visits.

Answer. I was referring to this proposal (in my opinion, a bad one), and it is so stated in my written testimony. Verification is not an issue. That can be done, whether in the schools or in the welfare offices. There are a number of very good reasons to keep the operation within the school systems. (I am told, incidentally, that the Massachusetts school system is gearing up to deal with the extra work of verification, and believes that it will not involve undue strain on personnel.) The school systems already have procedures set up for applications. In Boston, for example, in addition to other assistance for the parents, this includes translation of the application procedures into some 12 different languages. It seems to make little sense to ask already-overburdened welfare offices to assume yet another onerous responsibility. Then, there is the objection of many hitherto self-supporting families to being classed as welfare recipients. Historically, this reaction against receiving welfare has been a problem with feeding programs. Many of the elderly poor, in particular, are too proud to apply for "welfare," no matter how serious their need. While families with children are more likely to accept the inevitable if it will benefit the children, many of the newly-poor, who are used to give rather than receive help, are reluctant to ask until they have no other recourse. The fact that after a food stamp recipient has been certified the stamps may be issued through other agencies, banks or certain retail outlets, for example, is some help in this respect. Going through the schools to be certified for school feeding programs is a less embarrassing procedure for families, and, most important, for the children. As I said in my testimony, the decision was made a number of years ago not to set up alternative systems of food distribution that would clearly differentiate between the "poor" and more economically-fortunate Americans. Especially where our children are concerned, I think we have a social obligation not to stigmatize a child as being in a separate "underclass" of citizens simply because his or her family is living (perhaps temporarily) close to or below the poverty line. From the point of view of the future of our country, this obligation is perhaps particularly important because, as I also have said, the best estimates we have at this point are that between now and the year 2000 about one-third of all American children will have been on welfare at one time or another before they turn twenty-one.

Question 8. You referred in your testimony to the "feminization of poverty". Do you have any statistics to indicate whether food stamp heads of houshold, particularly the non-elderly, have become increasingly female?

Answer. The "feminization of poverty" is a major new social phenomenon, well-documented in the last decade by the U.S. Commission on Civil Rights, among others, and well-described by your colleague (and Tufts alumnus), Senator Moynihan. I can suggest to you Senator Moynihan's article, "Children and Welfare Reform," which appeared in the Journal of the Institute for Socioeconomic Studies, Volume 61, pages 1-20, Spring 1981. However, I think the most effective way for you to get the essence of the picture is to have a conversation with him. The recent publication of the U.S. Commission on Civil Rights, "A Growing Crisis: Disadvantaged Women and Their Children" provides the latest and thorough documentation of the feminization of poverty. The Bureau of the Census indicates that between 1960 and 1981 the number of persons in poor families headed by women rose 54 percent, while the number of persons in poor families headed by men decreased by close to 50 percent. In August 1981, 69 percent of food stamp recipients were households headed by women; 31 percent were households headed by men. Half of all the food stamp recipients are children. About 90 percent of the female-headed households have children less than 18 years old, 55 percent have children who are under six.

One part of the solution to the feminization of poverty lies in federalization of child support judgements, so that delinquent fathers can be pursued across state borders. I am not sure how states-rights supporters would feel about this enlargement of Federal jurisdiction.

Senator ANDREWS. We'll have a statement from Senator Huddleston.

STATEMENT OF HON. WALTER D. HUDDLESTON, A U.S. SENATOR FROM KENTUCKY

Senator HUDDLESTON. Mr. Chairman, I commend you for convening this hearing on Federal nutrition programs. The hearing today is timely because the administration is again proposing major changes in the Federal nutrition programs. These changes are contained in the budget for fiscal year 1984. As a part of this committee's continuing oversight of the nutrition programs, we must carefully review the administration's proposals to insure that any change authorized is consistent with strengthening the objectives of the nutrition programs.

No other resource is as valuable to America as the strength of the people. This strength—both physical and mental—is the result of a good diet available from our productive farms. Adequate nutrition for all Americans is a national concern. We must not allow reductions in support for Federal nutrition programs that will hinder the operation of programs that keep Americans healthy.

The President's budget request for the food stamp program assumes that savings can be accomplished by changes in the administrative calculation of food stamp eligibility and household benefits. Further, the administration's budget proposal assumes the shifting of certain program costs from the Federal budget to the State budget. For States that fail to lower their overissuance error rates below 3 percent, the State becomes liable for overissuance costs greater than 3 percent.

For child nutrition programs, the primary change requested by the administration in the budget request is the establishment of a general nutrition assistance grant in place of the current summer feeding, child care, and school breakfast programs.

While I am generally supportive of tailoring program benefits under the food stamp and child nutrition programs to best meet the needs of economically disadvantaged individuals, significant changes have been made to the authorizing legislation for these programs over the past 2 years. These changes resulted in very sig-

nificant reductions in outlays for these programs. It may be unwise to further change the operation of the nutrition programs without having time to evaluate the effects of the earlier changes. Some would argue that hunger and malnutrition can become a growing problem if food assistance for the needy is reduced.

In this regard, I am hopeful that the Senate will act quickly to consider S. 17, the Domestic Commodity Distribution and Food Assistance Act, reported by the committee on March 3. The provisions of S. 17 can do much to alleviate hunger by using our existing abundance of agricultural commodities to supplement the existing food aid programs.

Thank you, Mr. Chairman.

Senator ANDREWS. Our next witness is Dr. Brandt, the Assistant Secretary for Health in the Department of HHS. He will offer the latest official statistics that the administration has on infant mortality rates in the United States and various States.

When we put together the witness list, we wanted to make sure that we had not only witnesses from the outside, but witnesses who were very intimately involved in the governmental programs that were going on at this particular time.

Dr. Brandt, good to see you. It is good to have you here. As we explained before, your statement will appear in the record, as if given in totality, and you can certainly summarize it for the record or present it in any way that you want.

STATEMENT OF DR. EDWARD N. BRANDT, ASSISTANT SECRETARY OF HEALTH, U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES, ACCOMPANIED BY DR. MANNING FEINLEIB

Dr. BRANDT. Thank you very much, Senator.

I would like to summarize my statement because I think it will give us the kind of perspective you are looking for.[1]

I have with me Dr. Manning Feinleib, who is the Director of the National Center for Health Statistics. This Center, as you know, is responsible for monitoring the health of the Nation, and compiles national vital statistics, such as those on infant mortality.

Registration of births and deaths in this country is a State function, so the National Vital Statistics System is a decentralized cooperative program.

My purpose here is to discuss a report recently released which indicated that infant mortality rates are increasing in several States. The purpose of this testimony is to clarify recent trends in infant mortality.

This is important because recent reports have contained a number of statements based upon incomplete analysis of data which have led to a good deal of misunderstanding concerning infant mortality in the United States.

Let me begin by explaining the way in which these data are collected. The infant mortality rate is defined as the number of deaths which occurred during the first year of life for 1,000 live births. Final State infant mortality rates are based on events to residents of the State. Provisional infant mortality rates for individual States

[1] See p. 106 for the prepared statement of Dr. Brandt.

are calculated by place of occurrence, and therefore, they are not completely comparable to final infant mortality rates, which are based on the State of residence.

However, provisional statistics do generally agree with the final statistics on the national level. Their use at the State level, however, is subject to error. Obviously, this kind of error has serious effects where there is substantial interstate travel for obstetric and pediatric services. For example, 15 percent of all births to Maryland residents occur in the District of Columbia.

Now, differences between provisional and final data may be large for individual States in certain years, but the application of appropriate statistical methods can lead to reasonable conclusions regarding State trends.

A recent report by the Food Research and Action Center did not apply appropriate statistical methodology to the data, and therefore, they reached unwarranted conclusions.

The infant mortality rate estimates the probability of infant death. However, the estimate becomes less precise when it is based on a small number of births. Infant mortality in the United States fortunately is a comparatively rare event, and since the infant mortality rates of many States and cities are based on small numbers of infants, their rates tend to fluctuate greatly from year to year, regardless of whether their general underlying trend is upward or downward.

For this reason, we ordinarily present State data on infant mortality trends in terms of 3-year averages. To give you an example, we have prepared our first chart, Senator, which shows the annual infant mortality rates for Rhode Island and Michigan. The best statistical estimates for the trends of both of these States show that their rates are decreasing by 4 percent per year.

Note that Michigan's rates are declining fairly steadily—Michigan is the solid black line—because its rates are based on about 150,000 births per year. On the other hand, Rhode Island, which has only 13,000 births per year, has a trend line which fluctuates much more, with five increases and seven decreases during this 12-year period, although both States are declining at essentially the same rate overall.

Unfortunately, recent reports have not taken this random fluctuation into account and have arrived at conclusions entirely on the basis of a comparison of data for selected States in 1980 and 1981. The random variation must be considered, and this is impossible when using only 2 years of data.

The National Center for Health Statistics' provisional data for all States and the District of Columbia by place of occurrence indicates that a total of 15 States reported an increase in their infant mortality rates between 1980 and 1981. However, if one examines the infant mortality rate for each year from 1970 to 1982, they would have found that although the general trend was downward in every State, the State rates did not consistently decline every year.

In fact, for each year from 1970 to 1982, between 4 and 21 States reported an increase in their rates, with the annual average amounting to 13 States.

The 15 States that we identified as reporting an increase between 1980 and 1981 is not markedly different than this overall average. Furthermore, the infant mortality rates of these 15 States have not continued to rise since 1981; there are two examples on that chart.

For 1982, 11 States have reported an increase compared to 15 in the previous year, and the annual average of 13.

Infant mortality rates for most cities are even more likely to fluctuate from year to year because the number of infant deaths involved tends to be smaller than per State. It is clear, then, that recent reports are mistaken in their conclusion that infant mortality in the United States has been increasing.

Let me conclude by presenting just a brief discussion of certain facts concerning infant mortality and its determinants. Data in 1982 indicate that the infant mortality rate in the United States in 11.2 deaths were 1,000 live births, which is the lowest ever recorded in the United States. Infant mortality rates for all races have been declining steadily during the past decade.

This decline may be attributed to several factors, including better nutrition, declines in smoking, wider availability of prenatal care, advances in medical science, and improved socioeconomic conditions.

The mortality rate for black infants—as you can see in the next chart—historically has been much higher than that for white infants. The rates for both of these groups have been declining at nearly equal rates, however, for the past 10 years, as this chart shows.

Finally, the next chart which shows a map of the United States, illustrates the variation among States in their infant mortality rates using a 3-year average for 1980 through 1982. The large block of higher rates in the South, the black States on the chart are the ones with the highest rates, is due in large part to the fact that these States have a higher proportion of black infants whose mortality experience is not as favorable as that for whites.

An infant's weight at birth is the primary determinant of survival and health throughout infancy and early childhood years. One of the major factors contributing to the recent decline in infant mortality, and especially neonatal mortality, is the greatly improved survival for infants of low birth weight. Part of this improved outcome can be attributed to advances in neonatology and the establishment of regionalized perinatal networks, both of which are good examples of the benefits of high-quality biomedical research.

Some of the factors that are associated with poor pregnancy outcomes of either mortality or low birth weight include smoking, alcohol and drug abuse, poor nutrition, old or young age of the mother, large number of previous births, and low socioeconomic status.

In closing, data for 1982 indicate that there were 11.2 infant deaths per 1,000 live births, the lowest ever recorded in the United States. We will continue to monitor this situation closely and investigate the possible effects of changing economic conditions.

I am pleased to report that there is no evidence that the rate of decline in infant mortality has abated either nationally or in any State through 1982.

Senator ANDREWS. Thank you, Doctor.

Given that statistical report, what about the claims of certain pediatricians in TV reports that we have all seen in the last few months who claim that there is a rise in infant mortality? You have seen these television reports, just as those of us on the committee have. What do you account for that type of interpretation?

Dr. BRANDT. I think that when one begins to look at small areas, particularly cities or even neighborhoods within cities, that one has to look at it historically and take into account this variability that can occur due to a whole lot of factors, such as an outbreak of illness or other kinds of local conditions that may influence this.

I am not familiar with the specifics of the TV broadcasts that you are talking about, but I think that every local community experiences this kind of change over time.

It is, however, at least according to the data submitted to us by the official birth and death registrars of the States, not one that is being sustained.

Senator ANDREWS. Well, let me state the same point in maybe a little different way. In Dr. Mayer's presentation he stated that the lower quality of nourishment of the mother was bringing about children who were born live, so obviously the infant mortality rate continued to go down, but had been imperiled by the prenatal lack of adequate nutrition to the point where they would represent a good deal of medical costs, medical risk during the period of their lives.

Have you or have your statistics taken a look at not just infant mortality rates, but the quality of nutrition of the newborn child?

Dr. BRANDT. No, it has not taken that into account.

Senator ANDREWS. Have you seen in your investigations or in your experience as the lead person on the HHS team in the field of nutrition any increase in the need for adequate nutrition in the country?

Dr. BRANDT. Our monitoring of nutrition is primarily through the so-called HANES studies, health and nutrition examination surveys. Unfortunately, the most recent data that we have available are from 1976. However, we are currently analyzing more recent data and will be able to release some of these before long.

The more recent data is based, I think, on the years 1976 to 1980. Also, we have a survey underway right now in the Hispanic community throughout the country, in an attempt also to look at the nutritional status, but that is our involvement principally in trying to monitor nutrition.

Senator ANDREWS. In the newspapers today there are constant stories of farmers in the Dakotas, and I am sure in other areas as well, getting together railroad carloads of wheat, largely wheat, and having it milled into flour or processed into pasta products, to then go on to the distribution centers in the innercities because of the great need that has been told to the people out on the farms for better nutrition, feeding centers, and the rest in the cities.

In your experience is this emergency actually there or not there?

Dr. BRANDT. Well, I think the issue of food and food supply is best discussed by the people from the Department of Agriculture who will be, I am told at least, testifying later because they keep better tabs on that than we do.

Senator ANDREWS. No, the issue of food supply, Doctor, there is clearly an adequate supply of food. Its availability to the poor that is the challenge, and these are the statistics that you might be showing up. If, in fact, there is no need, if, in fact, there is no hunger in these innercity areas, then somehow or another, the impressions that we are getting are in error.

Now, are you saying that there is no increased need for the feeding centers that churches and charitable organizations are running in downtown Washington that were not running because they did not seem to be needed 5 or 6 years ago. I was in Detroit over the weekend speaking to a group, and they pointed out three members of the Michigan Legislature were there. One woman very much involved in community mental health centers was there talking about the care packages that the innercity area of Detroit was getting from Germany and from Japan.

Is the need for those care packages not there?

Dr. BRANDT. I do not know whether there is a need for those or not, Senator. I think again the Department of Agriculture does monitor the availability of food, and they, I understand, will be appearing.

Senator ANDREWS. So you do not have the information on whether the hunger is there in the innercities.

Dr. BRANDT. We do not. That is correct.

Senator ANDREWS. Thank you very much, Doctor.

Dr. BRANDT. Yes, sir.

[Questions submitted by Senator Helms to Dr. Edward N. Brandt, and answers thereto:]

Question 1. Do you have any information on the trend of birth weights of live births in the United States?

Answer. The most recent national data on birth weights are for 1980 live births. Births below 2500 grams (low birth weight) are at highest risk of mortality and morbidity throughout childhood. The attached table shows that the incidence of low birth weight has been declining since the mid-1960s for both white and black births. However, the incidence of low birth weight remains twice as high among blacks as among whites. Furthermore, even among U.S. whites the incidence of low birth weight is considerably higher than in several Scandinavian countries.

It should also be noted that infant mortality rates have been declining much more rapidly than low birth weight ratios. The reason that mortality declined so much more than low birth weight is that significant improvements in survival have occurred among infants of low birth weight.

TABLE 1.—PERCENT OF INFANTS OF LOW BIRTH WEIGHT BY RACE: UNITED STATES, 1950–80

Year	All races	White	All other races	
			Total	Black
1980	6.8	5.7	11.5	12.5
1979	6.9	5.8	11.6	12.6
1978	7.1	5.9	11.9	12.9
1977	7.1	5.9	11.9	12.8
1976	7.3	6.1	12.1	13.0
1975	7.4	6.3	12.2	13.1
1974	7.4	6.3	12.4	13.1
1973	7.6	6.4	12.5	13.3
1972	7.7	6.5	12.9	13.6
1971	7.7	6.6	12.7	13.4
1970	7.9	6.8	13.3	13.9
1965	8.3	7.2	13.8	.....
1960	7.7	6.8	12.8	.....

TABLE 1.—PERCENT OF INFANTS OF LOW BIRTH WEIGHT BY RACE: UNITED STATES, 1950–80— Continued

Year	All races	White	All other races	
			Total	Black
1955 [1]	7.6	6.8	11.7	.....
1950 [1]	7.5	7.1	10.2	.....

[1] Excludes data for Massachusetts. Excludes data for Connecticut.

Question 2. Some observers have noted that the comparative use of inner city statistics—where black populations are often higher—with the national average is inappropriate because black infant mortality is historicaly close to double the national rate. What are your views in this regard?

Answer. The appropriateness of any comparison between different populations depends upon the purpose for which it is used. Comparing the infant mortality rates in the inner city with the national rates shows that the health problems of the inner cities are particularly severe. In order to further understand why the inner city rates are so high it is important to look at the white and black populations separately. In many cases it will be found that the infant mortality rates for both the black and white populations in the inner cities are higher than the corresponding rates for the U.S. as a whole.

Question 3. One statement often made as a fundamental assumption, is that there is a direct correlation between unemployment and infant mortality rates. Do you have any statistical information bearing on this issue?

Answer. The relationship between unemployment and infant mortality rates is not at all clear. There have been many studies which have suggested such a relationship but they are based on highly aggregated economic and mortality data ignoring many other relevant factors. For example, one study by Dr. Harvey Brenner of Johns Hopkins University found a relationship between unemployment and infant mortality rates based on data through 1968. Since the 1970s was a period of rather large fluctuations in unemployment, inflation, and recession, Breener's work would suggest erratic changes in infant mortality rates. Yet this was a period of sustained substantial declines in infant mortality. It has been suggested that the historical relationship between unemployment and infant mortality has been modified by increased unemployment compensation, nutrition, and health programs. On the other hand, the current recession is somewhat unique in that it has been accompanied by reduction in funds for Federal, State, and local government programs. The potential impact of these combined effects are impossible to predict and will not be evident until data for 1983 and 1984 become available.

Question 4. What causes do you feel contribute most to the infant mortality rate?

Answer. Among the maternal factors contributing to infant mortality and low birth weight are smoking, alcohol and drug abuse, poor nutrition (during the mother's own childhood as well as during pregnancy), lack of adequate prenatal care, old or young age (under 20 and over 35), four or more previous births, urinary tract or genital infections, and low socioeconomic status. High quality prenatal care early in pregnancy can play an important role in improving pregnancy outcome for these high risk women. The availabilty of neonatal intensive care facilities has also been cited as improving the chance of survival for high risk infants.

The ten leading causes of infant death shown on the attached table accounted for two of every three infant deaths in the United States in 1979. The leading cause, congenital anomalies, accounted for about one of every five infant deaths, followed by respiratory distress syndrome and sudden infant death syndrome (SIDS), each of which accounted for about 12 percent. Conditions associated with immaturity and prematurity acount for about 8 percent of the deaths.

TABLE 2.—DEATHS UNDER 1 YEAR FOR THE 10 LEADING CAUSES OF INFANT DEATH: UNITED STATES, 1979

Rank	Cause of death (9th revision, International Classification of Diseases, 1975)	Number	Percent of total
	All causes	45,665	100.0
1	Congenital anomalies (740–759)	8,923	19.5

TABLE 2.—DEATHS UNDER 1 YEAR FOR THE 10 LEADING CAUSES OF INFANT DEATH: UNITED STATES, 1979—Continued

Rank	Cause of death (9th revision, International Classification of Diseases, 1975)	Number	Percent of total
2	Respiratory distress syndrome (769)	5,458	12.0
3	Sudden infant death syndrome (798.0)	5,279	11.6
4	Disorders relating to short gestation & unspecified low birth weight (765)	3,495	7.7
5	Newborn affected by maternal complications of pregnancy (761)	1,621	3.5
6	Intrauterine hypoxia and birth asphyxia (768)	1,393	3.1
7	Birth trauma (767)	1,129	2.5
8	Pneumonia and influenza (480–487)	1,129	2.5
9	Accidents and adverse effects (E800–E949)	1,080	2.4
10	Infections specific to the perinatal period (771)	981	2.1
	All other causes (residual)	15,177	33.2

Source: National Center for Health Statistics, Division of Vital Statistics.

Question 5. I note in your testimony indication that the percentage of mothers who began prenatal care in the first trimester of pregnancy had increased. One witness reported that health professionals reported to her an increasing incidence of pregnant mothers "presenting in labor," a term they use for women who show up at the hospital without having had any prenatal care. Do you have any more recent information to suggest that there has been a reduction in the percentage of women seeking prenatal care in the first trimester, or an increase in those giving birth who have had no prenatal care?

Answer. The latest national data on prenatal care refer to 1980 live births. There is no evidence from those data that there has been a reduction in the percentage of women seeking prenatal care in the first trimester or an increase in the percent with no prenatal care at all. It is possible, of course, that certain areas of the U.S. have, in more recent years, experienced such changes. We will be analyzing the 1981 and 1982 natality data carefully for evidence of such problems.

Question 6. Do you have any information to indicate whether the U.S. infant mortality rate has been affected by the initiation of the special supplemental food program for women, infants, and children (WIC)—i.e., has the rate of decline been accelerated since the beginning of the WIC program?

Answer. We currently have no information about the effects of the WIC program on the decline in infant mortality rates. However, Dr. David Rush at the Columbia University School of Public Health is now conducting a major study on this issue (funded by the Food and Nutrition Service, Department of Agriculture). His results should provide a great deal of information on the effects of the WIC program on low birth weight and infant mortality.

Question 7. As I understand it, the Centers for Disease Control monitors data on the nutritional status of mothers, infants, and children applying for the WIC program. Several witnesses seemed to imply that the nutritional status of WIC applicants has been declining. Do you have any information that would address this concern?

Answer. The Centers for Disease Control has been monitoring initial screening evaluations for infants and children from relatively low-income families enrolled in the WIC program and other public service delivery programs. Children enrolling in the WIC program have come to represent an increasing proportion of the initial screening visit data in these reports and now constitute over 70 percent of initial visits. The nutritional status of infants less than 2 years old presenting for their initial visit is summarized in the figures provided.

Low length-for-age (excessive shortness), a measure of chronic undernutrition, shows a general decline in prevalence among infants presenting initially to public programs from 1976–1982. The four ethnic groups for which information on an adequate number of infants is available, all participated in this decline. The overall rates are slightly in excess of the expected 5 percent prevalence as predicted by the NCHS/CDC growth reference population. While minor fluctuations in rates occur from year to year, the evidence does not suggest a deterioration in length-for-age in 1982, the most recent year for which data are available.

Low weight-for-length (excessive thinness), a measure of recent undernutrition, is consistently below the expected 5 percent prevalence from 1976–1982 and does not show deterioration from the low baseline rate in the 1982 data. The findings are similar for each major ethnic group.

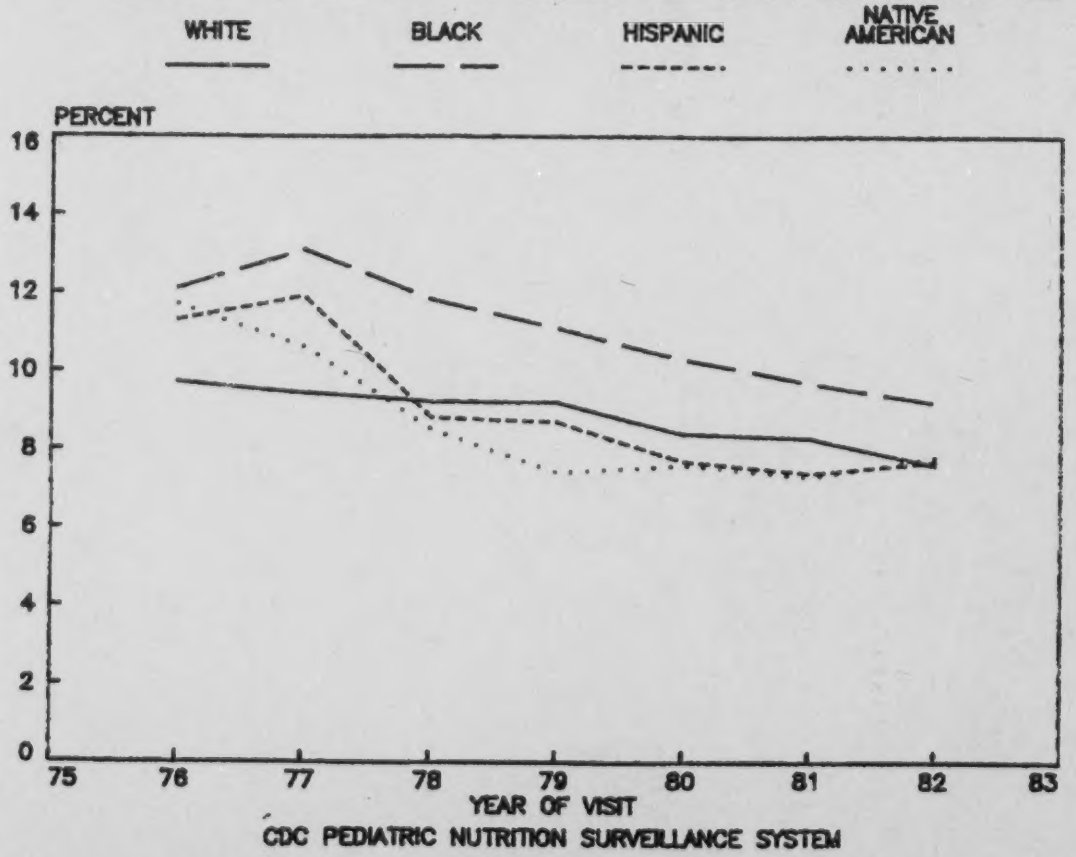
High weight-for-height (overweight), which may reflect poor dietary nutritional quality, has declined in prevalence from 1976–1982 in the initial screening visits of these infants. Again the four ethnic groups presented all shared in this decline. The 1982 data does not suggest a recent deterioration, the most recent prevalence rates ranged from 7.0 percent in whites and hispanics to 8.9 percent in black infants, slightly above the expected rate of 5 percent.

Prevalence of anemia as measured by hematocrit shows a slight overall decline in recent years but with more year-to-year variation since this measurement is performed on a smaller proportion of infants (20–30 percent of those screened). In 1982 this decline continued in each ethnic group except for a slight increase among white infants (from 5.8 percent in 1981 to 6.8 percent in 1982).

In those clinics which used hemoglobin as the measure of anemia, the prevalence rates have generally been below 5 percent since 1980 and no ethnic group showed evidence of deterioration 1982.

In summary, data from States participating in the CDC coordinated nutritional status surveillance system do not indicate that the nutritional status of WIC applicants has been declining. Since the data represent only those children who presented themselves for screening at health programs, these data will not reflect the nutritional status of children who, for whatever reasons, are not served by these programs.

PREVALENCE OF LOW LENGTH FOR AGE, SCREENED CHILDREN < 2 YRS IN SELECTED STATES 1976–82



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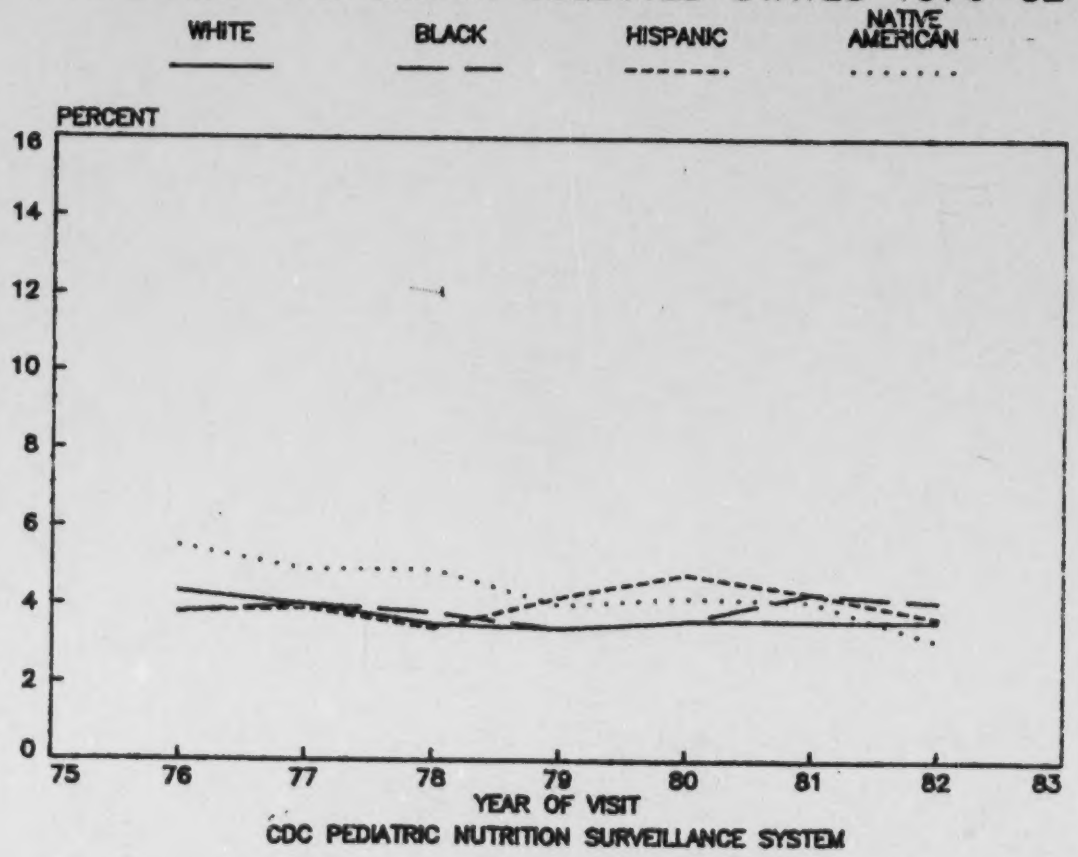

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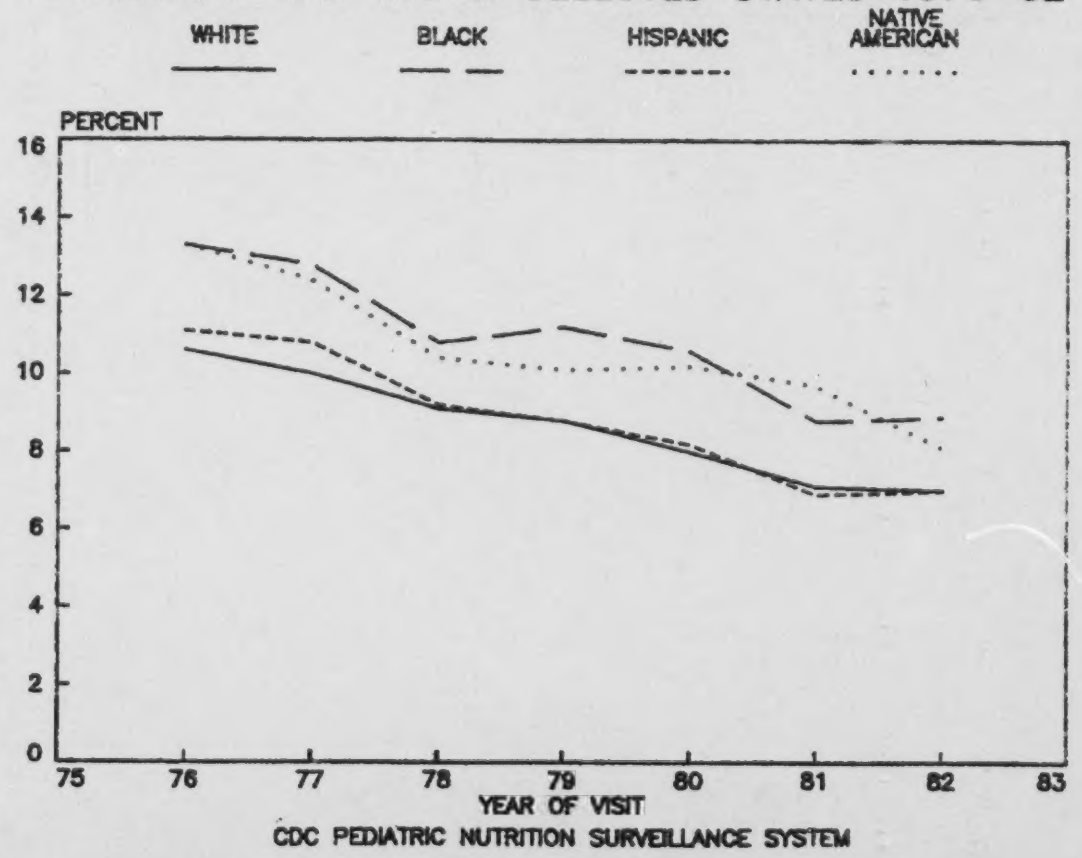

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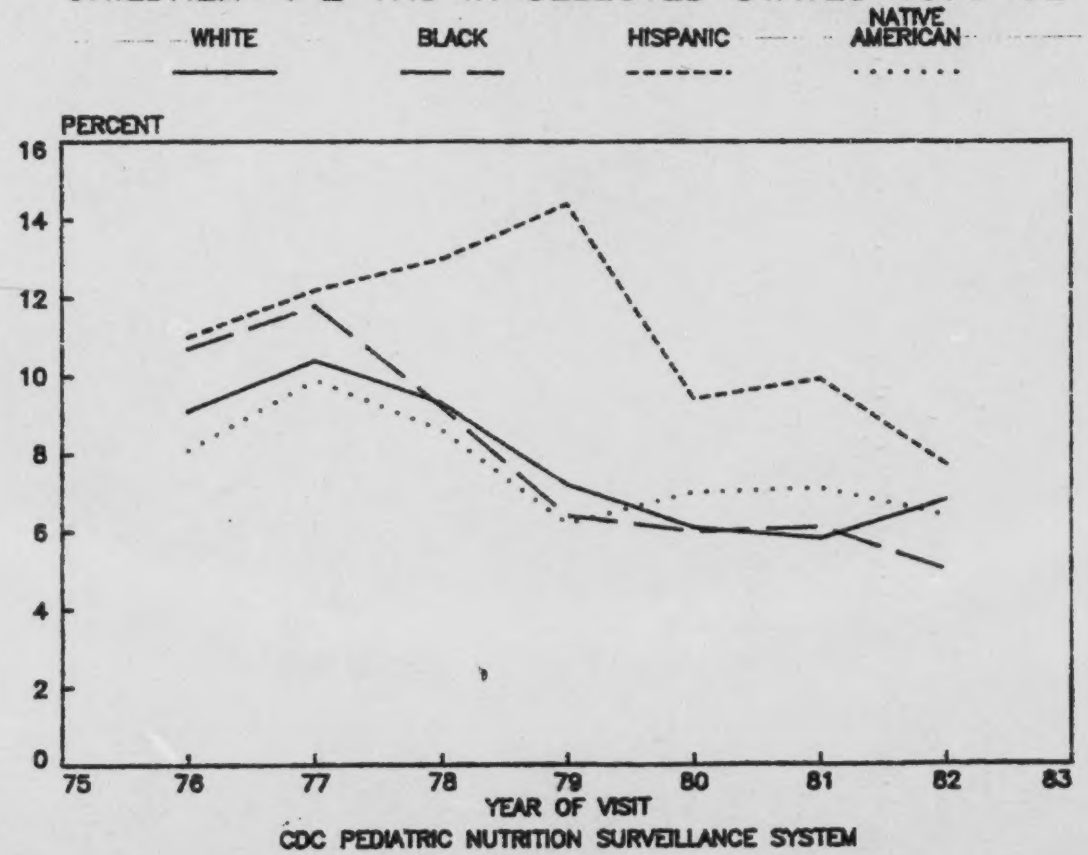
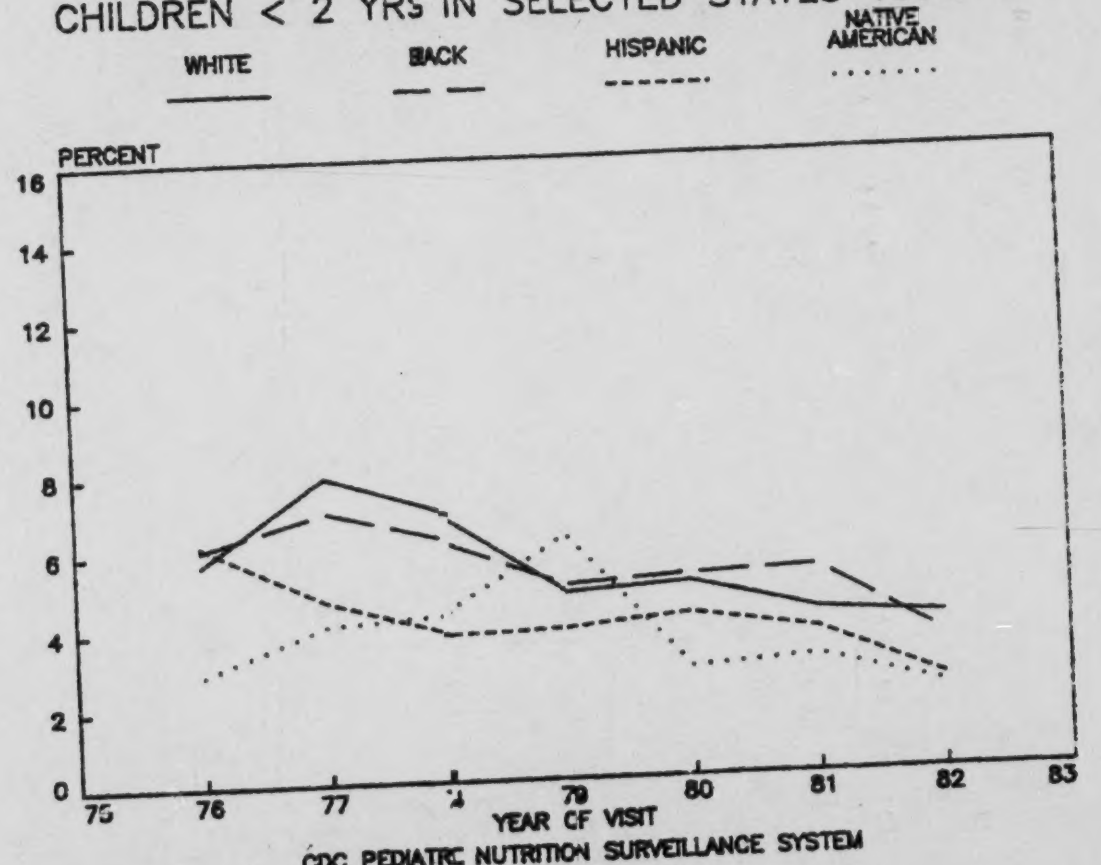
PREVALENCE OF LOW HEMATOCRIT, SCREENED CHILDREN < 2 YRS IN SELECTED STATES 1976–82



PREVALENCE OF LOW HEMOGLOBIN, SCREENED CHILDREN < 2 YRS IN SELECTED STATES 1976–82



Question 8. Considerable concerns were raised by various witnesses that little is being done by the Federal Government in the area of nutrition monitoring. I recognize that much of this area is handled by the Department of Agriculture. Could you outline what activities are being undertaken or coordinated by the Department of Health and Human Services, and particularly by the Center for Disease Control?

Answer. Actually, a substantial share of the responsibility falls to the Department of Health and Human Services (DHHS). Several DHHS agencies have activities to monitor the dietary and nutritional status of the U.S. population. These efforts are reflected in the joint DHHS-USDA Implementation Plan (dated August 19, 1981) submitted to Congress in Octobe. 1981.

DHHS' dietary and monitoring activities fall into four general categories:

1.Health Status Monitoring:

The National Health nd Nutrition Examination Survey (NHANES) is at the heart of our health an nutrition status monitoring efforts. Through the NHANES p' ysical and biochemical measurements are made which provide information about a number of nutrition-related conditions, including growth retardation, anemia, obesity, heart disease and diabetes mellitus.

Other survey and record systems which provide information for assessing the health effects of nutritional status, such as the National Vital Statistics System, the National Natality and Fetal Mortality Surveys, the National Survey of Family Growth and the National Health Interview Survey. All are administered by DHHS' National Center for Health Statistics.

Through the voluntary cooperation of 32 States, the Centers for Disease Control (CDC) conducts a nutrition status surveillance system targeted to assessing the height, weight, hemoglobin and hematocrit of high risk populations (largely women and children).

Height and weight measurements, hemoglobin or hematocrit determinations, are undertaken through DHHS' health delivery programs also, i.e., maternal and child health units in State Departments of Health, EPSDT or Early and Periodic Screening, Diagnosis, and Treatment Programs, and Head Start Programs.

2. Food Consumption Measures:

NHANES collects extensive information on dietary patterns. Private interviews and trained dietitians collect information on eating patterns, food consumption, sources of foods (home, restaurant, etc.), frequency of consumption of 26 grouped foods, use of supplements, frequency of eating away from home.

Using commercial market research data, the Food and Drug Administration conducts a survey of products representing major food classes from the total packaged food supply. The survey involves approximately 1,700 individual food brands representing about 44 percent of the packaged food supply in retail dollar terms.

3. Food Composition Measurements:

FDA conducts annually its Total Diet Study to derive average consumption of important components of the diet. One study provides a tracking system for specific indicators of significant changes in the nutritional quality of the national food supply.

Since 1977, FDA has maintained both a surveillance and a compliance program for nutrition labeling.

4. Dietary Knowledge and Attitude Assessments:

Annually since 1978, FDA has conducted a survey based on a national probability sample of food purchasers to measure public attitude, knowledge and practices about food and nutrition. The survey involves detailed interviews in the homes of approximately 1,500 individuals responsible for household food purchases.

NHANES and the USDA Nationwide Food Consumption Survey are also major sources of this knowledge and attitude information.

For the fifth area of nutrition monitoring efforts, Food Supply Determinants, the DHHS has no activity. USDA's Economic Research Service (ERS) estimates annually the quantity of various foods that "disappear" into civilian consumption. In addition, a number of ERS activities contribute information about the nature of the national food supply and patterns of consumption.

Since you ask specifically about the Centers for Disease Control (CDC), let me elaborate briefly on the CDC item I just mentioned under "health status monitoring." The CDC conducts nutrition activities aimed primarily at the evaluation of nutritional status in order to provide necessary information for nutrition decisions in health programs. The CDC nutrition surveillance and survey activities provide information to the State and local level which complements the National Center for Health Statistics' data concerning the overall nutritional status of the total U.S. population.

As a major thrust of nutrition activities, the CDC is working with selected State and local health departments to develop a national nutritional status surveillance system. The surveillance system is designed to continuously monitor the status of major nutrition problems in the United States. The mechanism is based on information collected routinely in service delivery programs (e.g., MCH, EPSDT, WIC). Data are rapidly analyzed and comparisons made with reference population data in order to characterize the nutritional status of the population from which the data are gathered. Information is then returned to the service delivery source for immediate use in program planning, management, and evaluation of health resources at the State and local level.

The CDC also conducts research projects to improve nutritional status assessment methods and to define the relationships of nutritional factors to a variety of adverse health outcomes such as increased infectious disease incidence and retardation of growth in infants. Laboratory nutrition activities carried out by the CDC include support for the National Health and Nutrition Examination Survey (NHANES), evaluating diagnostic techniques and conducting a continuing program to improve methodology and provide for the transfer of technology to other laboratories.

Senator ANDREWS. Our next witness is the Honorable Ted Wilson, the mayor of Salt Lake City, who is testifying on behalf of the U.S. Conference of Mayors.

Ted, we are glad to have you here. We appreciate your being the spokesman for the U.S. Conference of Mayors and we are looking forward to your testimony.

STATEMENT OF HON. TED WILSON, MAYOR, SALT LAKE CITY, UTAH, ON BEHALF OF THE U.S. CONFERENCE OF MAYORS

Mr. WILSON. Well, thank you, Senator.

And the U.S. Conference of Mayors would like to thank you for having such an active and vital interest in this important subject.

I would like, if I could today, to just summarize my rather long testimony, which might be a little bit more expedient.[1]

Senator ANDREWS. I will give you the same guarantee we give everybody else that your printed testimony will appear as though given word for word, Mr. Mayor.

Mr. WILSON. Thank you.

Senator ANDREWS. And you can summarize it any way you wish.

Mr. WILSON. Thank you very much.

The Conference of Mayors has long had a policy of supporting the nutrition programs of the country. Ironically, although we speak from the cities of the country, I think we also speak for the farmers because you cannot separate supply from the delivery of the food in America. It seems tragic to me that farmers in America are perhaps starving to death more than anyone else, at least when it comes to the economics of life. Yet we cannot, for some reason, get that food into the central cities and into the other parts of America where it is needed so that our people can consume it, and be adequately fed and to be able to do the things that life demands of people.

Let me just tell you about four cities in summary fashion this morning, if I could, Senator: Detroit, Cleveland, New Orleans and Salt Lake. I would like to go through those cities because I think they represent a spread of American cities, different kinds: Detroit, a Northeastern industrial city; Cleveland, an industrial city; New Orleans, a great Southern city; and Salt Lake City, which is a city

[1] See p. 118 for the prepared statement of Mr. Wilson.

a lot of people would not consider to have a problem, but I would like to show you just some of the problems through some statistics.

In Detroit, Mayor Coleman Young, who is also the president of our conference, has declared a state of emergency because of the tremendous number of people that need nutrition and adequate housing. Over 200,000 persons have received food assistance this winter through the city's programs, which of course include Federal contributions.

Last fall the mayor established an emergency hunger hotline, which has already served more than 25,000 people, people who actually took the trouble to call in and find out where they might find a place to eat. Generally the callers said that they face a period of no food, between the exhaustion of their benefits and their next projected relief.

In late January, the city of Detroit distributed 700,000 pounds of surplus cheese and butter to 85,000 people. More people waited in line, of course, than that, but could not be served because of the lack of food.

Hunger centers in Cleveland have proliferated. During December of 1982, the Salvation Army observed a 56-percent increase in the number of families assisted, and a 209-percent increase in the number of bagged canned goods distributed, and an 81-percent increase in the numbers of checks and vouchers issued, and an 80-percent increase in the total number of persons assisted.

In all of these cities you are going to see enormous increases in just the last year or so, during this recession, in the number of people with the need for food.

In New Orleans, the mayor's citizens action center, which is an information referral service in city hall, experienced a 222-percent increase in calls requesting food from 1981 to 1982. Food banks served 64 percent more people in 1982 than they had in 1981. During 1983, they expect a total increase in the demand of almost 150 percent. So you can see the tremendous impacts that are occurring.

A lot of these people are what we call the new poor. These are people that are not the traditional bag-lady or hobo that we tend to think of in the inner cities. These are people who are simply out of work and out of luck, and they are coming to our cities looking for an opportunity and they do not find it. But we in the West find this to be a particularly new problem for us. Homelessness in my city has gone up about 200 percent over last year because people in the Northeastern cities hear about the energy development, the overthrust belt out in the West, and they get in the car and they drive out. The car breaks down, and they are lost in my city without food, without adequate shelter.

In Utah, the Utahans Against Hunger, which is a Utah volunteer group, has registered a tenfold increase in request for assistance in the past 6 months alone. The number of food pantries in Salt Lake City has almost doubled in the last year. These pantries which rely in great part on surplus commodities are very short of food right now, and Salt Lake City has made contributions even though we do not have a social services portfolio. In my State, the cities are pretty much just involved in basic services, picking up the garbage and police and fire. We do not get into the social serv-

ices. We have had a major increase, and my council and I felt moved to make major contributions to food, and we have done so because we do not want people starving to death within our city.

We have several soup kitchens in Salt Lake City, including the new one in the Wasatch Presbyterian Church, and they try to feed everyone, but it is a real strain.

Senator ANDREWS. Well, Mr. Mayor, you mentioned these pantries. Do these pantries have access to any kind of Government surplus food?

Mr. WILSON. Some do, plus some voluntarily contribute food. Most are contributed foods throughout the belt.

Senator ANDREWS. Food contributed throughout your region, much as our farmers now are getting this grain put together to be milled into flour and sent to urban areas.

Mr. WILSON. That is right.

Senator ANDREWS. To the best of my knowledge, there are no programs. In fact, we just passed S. 17 out of this committee in the hope that we could begin to move wheat and other surpluses, mill and process them so that they are usable by the pantries, and get them into the hands of people that need them.

I do not know at this time whether there are quantities of surplus food available from the Department of Agriculture or from any other Government entity for this kind of pantry, and that is why I was intrigued with the fact that you indicated there might be some.

Mr. WILSON. Well, the only thing I am aware of is that some of the cheese distribution has been done by the Utahans Against Hunger, and that has gone to some of these pantries.

Senator ANDREWS. That is right, but there are no commodities as 15 or 20 years ago we used to have commodities that moved into the school lunch programs, commodities that moved into the nonprofit organizations feeding programs, but I do not think there is that much of that any more, and that is one of the things we are trying to correct.

Mr. WILSON. Basically, we are operating on voluntary food. As a matter of fact, the Utah Restaurant Association this past week initiated a program of collecting surplus foods, the food that is being cooked but not served at Utah restaurants, and they are going to turn that over to the Utahans Against Hunger and other voluntary organizations to distribute.

So we feel in our part of the country we have tremendous voluntary service, but it just is not enough because people are still standing in line and do not have sufficient access to food.

Senator ANDREWS. In a church in Washington I found volunteers going out into the various markets to pick up what they could from food that had been discarded and come back and salvage what was salvagable and serve it to the people who came there. There was no infusion of Federal help at all.

Mr. WILSON. And you know, I do not want to be maudlin, but that does not even take into account the people that search dumpsters and other crude bins in the city to find the food, and that does go on very, very often.

Senator ANDREWS. Well, that is what this group of volunteers in the church I was in, were doing right in downtown Washington.

They did the dumpsters down in the Eastern Market, and they came back with mushrooms and green peppers, lettuce and celery and a host of other things. By the time they had sorted through it, they found about a third that was pretty good. It made an excellent soup. They bought some chicken backs for a dollar, two dozen or so, and let the bones settle to the bottom of the pot, but the soup stock was great and people came there and ate and were nourished.

But we did not see evidence of Government assistance there.

Mr. WILSON. There is some testimony that I have on some of the details of the problems in Salt Lake City and the food stamp program. I think I am going to leave that to your staff to get into that detail.

Let me just make a couple of comments on the WIC program. In the WIC program only the medically needy receive assistance in Utah. Funds are not available to serve the nutritionally needy in the WIC program.

USDA estimates that there are over 82,000 people eligible for WIC in 1982 in Utah, which is a very high number. During February 1983, 15,000 were served. For a variety of reasons, including uncertainty regarding the Federal allocation, participation in Utah has gone up and down like a roller coaster. Much of that is simply because people have voluntarily withdrawn from the program thinking other people needed it more. So you see a tremendous fluctuation in the participation in that program in Utah.

I had mentioned the great influx of transients to our city in recent years. Many of these people have problems getting food because some of the regulations insist that they have a picture ID card. Unless that person has a driver's license or something, they cannot get food, and I would encourage whatever efforts could be made through law to eliminate that particular requirement because many of the people who are transients or others, simply do not have access to picture IDs, do not have driver's licenses, do not have the kinds of material they need to get food.

The conference would like to recommend certain actions for consideration by the subcommittee. One, greater distribution of surplus commodities by the U.S. Department of Agriculture. Despite the numerous requests that have been made and explicit directions from the Congress, tremendous quantities of surplus foods remain in storage at substantial costs to the Nation.

I think it is just a great tragedy, Senator, that we could have the kind of surplus food that we have in America, and have farmers in need of selling their production, and have cities with statistics like the ones I have given you this morning. I think it is a tragedy, and I think it is something that your committee should work on.

I compliment you for having the great interest to deal with it.

We would like to recommend restoration of the food stamp benefit cuts. We felt that that was very hard on the needy. We know that the cuts in the food stamp program have been responsible, in part, for the tremendous increase in the demand for food at soup kitchens and food cupboards throughout the cities of America. The benefit level should be sufficient to get people through the month, and the working poor should not be penalized for their meager income.

Three, we would like to recommend the increased funding for the WIC program. Numerous studies have been done that show the cost-effective nature of the WIC program, and we believe that as food prices have increased, the program has been able to serve fewer and fewer people. It makes sense from a financial as well as a humanitarian standpoint to increase funding for this most successful program.

Four, we would like to recommend at least maintenance of child nutrition programs at the current levels. While the child nutrition programs may serve some children who are not poor, many children they provide a very needed, nourishing meal, and we would rather have a few kids overfed than have a lot of poor kids hungry.

And, five, we would like to have provision of humanitarian aid to the victims of the Nation's recession and high unemployment. The jobs bill, that is now making its way through Congress, does provide some limited assistance. We do not feel it does enough and will not address the problems of those who are in transition and must even be retrained completely for new work in America.

As I said, the conference feels very strongly about this. I have given you a spread of several cities this morning so you could get a flavor around America. I am not proud that in a Western State that really does pretty well economically, Salt Lake City is a center of hunger for many, many people, and I think if it is happening in Utah and Salt Lake City, it is surely happening in Detroit, New Orleans, and almost any other city in America.

Thank you.

Senator ANDREWS. Well, thank you, Mr. Mayor, for taking the time to come here. It has been a most instructive testimony you have shared with us.

You were here, of course, when Dr. Brandt from HHS told us of his statistics that showed infant live births were increasing. Infant mortality was down, but he did not have the figures on the quality of the health of the infants that were born or of their prenatal nutritional status, and he also stated that they had no figures in HHS as to the need for more nutrition programs in the city. I thought that was rather surprising because here is the individual in the Department of Health and Human Services who is charged with that, but they do not have the figures on what the needs are for nutrition in the cities.

Your statement on behalf of not just Salt Lake City, which you are the mayor, but the other major cities in our country is that the nutritional problem has been increasing and increasing rapidly. Is that, in essence, accurate?

Mr. WILSON. I think even the figures I have given you this morning, Senator, do not measure the real suffering, or the real problem. It is much deeper. Much of the people that come and go come and go without any sort of statistical analysis, and I really think it is greater. So I believe that if we could capture the statistics properly, they would be far more alarming than I have been able to present to you this morning.

Senator ANDREWS. In other words, the problem has been growing?

Mr. WILSON. Yes, sir, and it was been growing rapidly.

Senator ANDREWS. What is the best thing in your mind, what has worked best in dealing with this hunger problem?

Mr. WILSON. Well, I think you are on the right track. I think many of our traditional programs have come under the knife in the past couple of years, and I think you put your finger on it earlier in your opening remarks. We have the food, and we can get it out there, but we have to do it. Then it becomes an investment.

You cannot expect a hungry person to be able to find work and adequately perform work. People are trapped in a cycle, a downward cycle, and they cannot come back up.

I think support of the food stamp program and support of the summer feeding program would help. There has been a great cut in the summer feeding program for children. We think that needs to be continued because there are kids that simply do not get the nutrition they need in the 3 months they are out of school. Those kinds of things are important and succeed in our communities.

I do think you have a right to ask something of us. We do not come to Congress just asking for a handout. We think cities all over America are willing to respond. You have heard of a few creative efforts here this morning, the Detroit hotline, the efforts in Salt Lake City and New Orleans and others to fund food programs out of our own general funds, even though we do not have much money these days. We are willing to do our part, but we think the Federal Government has an enormous mission to perform, given the national food surplus. We are hopeful that that might be part of your plans.

Senator ANDREWS. In other words, I gather then that adequate funding for the food stamp program, adequate funding for the WIC program, and again I get back to S. 17 that just passed this committee, which would provide commodities, flour, pasta products, cheese, whatever else, potatoes, and the rest to the specially unique city feeding programs that you are putting together as voluntary organizations, nonprofit organizations. These would be the things that the Federal Government could do that would be most responsive to the need, as you see it and as the mayors of this country see it.

Mr. WILSON. Absolutely. The commodities program is a great innovation. We feel that we have the infrastructure now for basic feeding basically. We can expand if we are given the food that is needed.

Senator ANDREWS. So you have the personnel. You have part of the food, but you need the supplemental food that we could get in your hands by the processing and wise distribution of agricultural commodities, which is envisioned in S. 17?

Mr. WILSON. That is correct. I think we have the people out there that are willing to cook and serve the food, if we just had it. That bill would be very, very helpful.

Senator ANDREWS. And you would rather keep that program voluntary than turn it over to the Federal Government, I trust?

Mr. WILSON. All we can. We want to do that because we feel that way we can also have a role to play in it. It keeps it local, allows us to be flexible so that we can meet the local needs.

Senator ANDREWS. And the Federal Government's part then would be merely the catalyst in providing some of the bulk commodities that could be used by local volunteers?

Mr. WILSON. That is basically correct.

Senator ANDREWS. Would the problem, Mr. Mayor, of hunger in the cities be eliminated by an economic recovery?

Mr. WILSON. It would certainly help, but hunger would not be eliminated. We are always going to have the hunger with us. We have always had it before, even in the best of times, and I can even remember when we were building homes in my part of the world. We still had the hungry around, and that was the symbol of prosperity back in the mid-1970's. We still had the hungry, so we are going to need these programs, and as long as we have the surplus food, it makes sense to have it where it could be consumed.

Senator ANDREWS. Finally, Mayor Wilson, do you believe that a substantial number of recipients of Federal food and nutrition programs are really not in need of this assistance?

Mr. WILSON. No, I do not. I think they are in need. I think very few people feign hunger. I will not say that there is not some cheating in all of the programs that we have in this country, but I think that it is very minimal. I think that people do not feign hunger.

When they are hungry, they are hungry, and it is very evident that they are hungry.

Senator ANDREWS. True. Thank you very much, Mr. Mayor.

Mr. WILSON. Thank you, sir.

[Questions submitted by Senator Jesse Helms to Mayor Wilson, and answers thereto:]

Question 1. You indicated that in Utah only the "medically needy" receive assistance from the WIC program. Would you outline what percentage of recipients fall into each of the six priority categories? For example, the first priority in the WIC program covers pregnant women, breastfeeding women, and infants determined to be at nutritional risk by a blood test—or some other documented medical condition.

Answer 1. Utah has three categories of WIC recipients. They follow with the percentages being served in each for 1983:

	Percent
Nursing mothers and pregnant women	24
Infants up to 1 yr	30
Children 1 to 5 yrs	46

Question 2. You stated that fewer and fewer people were participating in the WIC program. Would you provide information on the average number of WIC participants in Utah served during the past several years?

Answer 2. My testimony indicated that the participation rates in the WIC program have fluctuated from month to month in recent years. Figures for the last several years are below:

	1983	1982	1981	1980
Nursing mothers, pregnant women	3,871	3,767	3,090	3,987
Infants up to 1 yr	4,915	3,880	3,016	3,953
Children 1 to 5 yrs	7,504	7,161	6,428	9,854
Total	16,289	14,808	12,532	17,794

Question 3. You indicated objection to a photo identification card system as a prerequisite to participation in food assistance programs. First I would say that the Office of Inspector General of USDA has consistently recommended the use of photo

identification as a very effective means of ensuring that only eligible recipients participate in the program. However, as I understand it, USDA does not require photo identification for food stamp or other USDA programs in Salt Lake City or the State or Utah. Photo identification is required currently only in areas where over 100,000 people participate in the food stamp program. Could this be a State or local requirement in Salt Lake City?

Answer 3. My testimony identified the problem some transients are having in establishing eligibility for food assistance programs because they do not have adequate identification. Utah does not require photo identification.

Question 4. You mentioned that numerous studies have shown the cost-effectiveness of the WIC program. Would you outline the studies to which you refer?

Answer 4. The primary study on the cost effectiveness of the WIC program was done by Eileen Kennedy, James Austin, and Peter Timmer in 1979 at the Harvard School of Public Health. That study showed that every one dollar spent in the WIC program resulted in three dollars in future savings.

Question 5. You noted in your testimony that a number of the child nutrition programs served children who are not poor. Do you oppose budget reductions that would target Federal assistance primarily to those who are poor while reducing assistance to the non-poor?

Answer 5. Federal assistance should, of course, be targetted to those who are most in need. The problem with the cuts in child nutrition programs is that both middle income and poor children have been forced out of the school lunch program, and are missing a needed nourishing meal.

Question 6. You cited five recommendations to the Committee regarding funding for food assistance programs. What are the priorities within these five recommendations?

Answer 6. All five recommendations are important. If food stamp benefits, the WIC program, and child nutrition programs were funded adequately, however, the need for surplus commodities and humanitarian assistance would be reduced. I would therefore, put those three recommendations first.

Question 7. You expressed support for "restoration of food stamp benefit cuts". Would you outline specifically which reductions you feel should be restored?

Answer 7. I suggest restoration of those reductions which eliminated the "working poor" from the food stamp rolls, and reduced the benefit level so that those people who are receiving food stamps do not have sufficient funds to make it through the month.

Question 8. One of the concerns of this Committee has been to ensure that sufficient work incentives are provided in the food stamp program. Do you personally feel that the Administration's proposal to require able-bodied food stamp recipients to perform community service work is reasonable? Hasn't Utah had considerable experience in this regard with other assistance programs? What is the position of the U.S. Conference of Mayors?

Answer 8. I am not opposed to work incentives as long as the requirements are reasonable. Utah has had considerable experience with such programs. The Conference of Mayors has no specific policy on this issue.

Question 9. You indicated support for the summer food service program. This is one of the programs that has no individual means test for eligibility. Do you have any information to support the contention that school children "simply do not get the nutrition they need in the three months they are out of school"?

Answer 9. Yes.

Senator ANDREWS. This was a most constructive statement. We appreciate your coming here today.

Our next witness is Nancy Amidei, the executive director of the Food Research and Action Center, based here in Washington, D.C.

Again, I give you the same guarantee we gave the others, that your statement will be included in the record, Nancy, as if given in toto, and you may summarize it or present it, with that caveat, any way you want.

STATEMENT OF NANCY AMIDEI, EXECUTIVE DIRECTOR, FOOD RESEARCH AND ACTION CENTER

Ms. AMIDEI. I think I would like to use my time instead to talk generally to some of those questions you raised at the beginning of

the hearing, respond a little bit to what Dr. Brandt had to say, and then I would also, if we have time, like to talk a little bit about this problem of surplus commodities.[1]

Senator ANDREWS. That would be fine.

Ms. AMIDEI. OK. Let me just very quickly first tell you about something that I brought along that I would also like inserted in the record, and I think you will find it graphic and moving. You asked early on about whether or not there is need in the country right now and whether or not current programs are meeting that need, and I brought with me just a sampling of press clips from across the country going back to the fall of 1981.

I think you can already see from some of these headlines: from Philadelphia, "Living on one meal a day or nothing"; from the Richmond Times, "Even soup kitchens feel the Federal cuts"; from the Baltimore Sun, "Community centers and churches experiencing longer lines for food"; from the Cleveland Plain Dealer, "Needy brave cold and long lines for free cheese"; from the Boston Globe, "U.S. hungry come up '30's style." That article, incidentally, has things from all over the country. From the Dallas Times, "Stemming hunger's tide, growing ranks of Dallas poor dependent on free lunch"; from the Arizona Daily Star, "Local survey pessimistic, ranks of hungry swelling but aid isn't"; from the Mountain Times serving Blowing Rock, Boone, Banner, Elk, Lynville, and Newman, North Carolina, "Hunger in Watauga, it's not as dramatic a sort of thing as Africa but"; Sacramento Bee in California talked about "Hungry finding meals in dumpsters"; Chicago Tribune, "Going hungry in Chicago," and you will see here "baby doctors warning of diluted formula" in Milwaukee, long lines at the community centers, the churches summarizing from all over the country month after month after month what they are hearing from their church people and emergency food providers everywhere.

"Going hungry in Chicago. Thousands of Chicago area children and infants are going to be hungry as continuing inflation and cuts in social programs leave their parents without enough money for food, particularly tov ard the end of the month," the officials of several charities say. Leaner budget, malnourished young from Delaware, you can see here Steel Union giving away food to jobless workers.

"I lose all my manhood to do this," said Mr. Davis, 50 years old, as he carried bags of groceries for his family, "but what can I do? You have to eat. It's very bad, and it's not getting better," from Arizona.

Here from Philadelphia, "Frail and thin, Marie McKenna sat in the Kensington St. Ann's Senior Center worrying that the free meal she has received there may soon fall victim to Federal budget cuts."

"No work, no money, no food," from McCall's magazine.

"Hunger here and abroad," from Pittsburgh.

"Hungry finding meals in dumpsters. America's poor overload soup kitchens and shelters."

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[1]See p. 124 for the prepared statement of Ms. Amidei.

"Defense depends on health," from the Philadelphia Inquirer. "Hunger in America," from the Raleigh News and Observer. "Poverty gap becomes sink hole" from Waukegan, Ill.

The article on queueing up 1930's style goes into Portland, Oreg., Chicago, East Harlem, Tampa, Fla., all over.

"Who are the hungry" from Detroit. "Facing hunger headon," from Martinette, Wis. "Stemming hunger's tide," from Dallas. Pictures of the elderly lined up for food, trying to get help, and here is one: "At the juvenile justice center in southwest Philadelphia, the staff has been noticing a poignant change in the reasons some of their troubled youngsters are sent to them. They aren't stealing to buy drugs or cars so much any more. They're stealing to buy food."

"Union sets up bread line in Baltimore." "Unemployment consequences and damages." "Hunger rising problem in metropolitan area." "The dispossessed," from the Wall Street Journal. "Homeless northerners unable to find work, crowd Sun Belt cities." "Soup kitchens and suicides" is the subhead.

"Hunger in America," "Hungry," "Feed the hungry, then give thanks," "Hunger in America," "Hunger in America," "Mayors see bad winter for needy, seek emergency aid." "As recession lingers, U.S. again battles problem of hunger," from the Christian Science Monitor. "How serious is it? View from soup kitchens."

From the Week in Religion, "Churches are trying to respond to the challenge as hunger rises for the first time in 20 years and religious denomination after denomination is cited as saying, 'We can do something, but we cannot fill the gap. We cannot make up for what has been cut from the Federal programs.' "

From the Tallahassee Democrat, "A laid off State executive with a Kolaren address begs emergency groceries to feed his family."

On and on, "Soup kitchens crowded for holidays with new poor." "Recession victims go without health care." "Oklahoma churches grapple with poverty and hunger," on and on, and finally, the item that you mentioned just a little bit ago, "Food aid coming to Detroit from Frankfort, Germany."

If the question is, is there need, are the current programs meeting the need, that is part of your answer, Senator.

Senator ANDREWS. Nancy, we will see that excerpts from this do, indeed, appear in the record, and I might state now that I think at about this time, too, we will include some articles from the Dakotas showing how farmers are contributing their wheat which is now being ground into flour or made into pasta products to move into the communities.[1]

So Americans themselves are being responsive to the need, as they perceive it. They have gotten the message.

Ms. AMIDEI. But they are very clear about the fact that they are not meeting it. I was just in Long Island in some of the wealthiest counties in America, where you drive past enormous homes that obviously go for six figures, and then minutes away you go into soup kitchens and you go into emergency food pantries, and you ask people there, are you seeing people who have run out of food stamps? Oh, definitely, they say. That is most of the people now.

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[1]See pp. 129–135 for the articles submitted by Ms. Amidei and pp. 135–138 for the articles submitted by Senator Andrews.

And you say, what kind of people are they? Oh, the elderly, they are having a real hard time now. They cannot manage on those food stamps. You know, they do not give those people enough.

And what about the families, what about the children? Well, you know, it bothers me a lot. We are seeing eight times more cases a month, one woman told me, of mothers who cannot feed their infants, and so they come to emergency food providers for that.

And are you helping everybody you need to help? Oh, no, they say. We cannot begin to. We put limits on. We give a 3-day bag of emergency groceries once every 3 months.

They cannot give more than that because the numbers are so great.

Do you think you can feed all of the people here who need help in the wealthiest counties in America? No, they say, we cannot even begin, and they tell me in the soup kitchens, not just on Long Island, but all over the country now, everywhere I go, on what they call nonschool days, Saturdays, days when teachers go off to conferences, the soup kitchens all fill up with kids. When they do not get that lunch at school, they have no place else to turn because their parents have no margin left and no way to feed their children, and so they show up in soup kitchens that were not designed to be feeding regular meals to thousands and thousands of children across this country.

I want to pursue this 1 more minute from a slightly different perspective because I have also been talking to a lot of health professionals around the country, and you heard what Jean Mayer said about long-term consequences and what we are doing to our children.

Health professionals tell me they are seeing an increase in women presenting in labor—that is the expression they use for women who show up at the hospital emergency room entrance when they are in hard labor—having had no prenatal care at all. In some hospitals they report it is up double over last year. Other places cite figures of 35-percent increase, 50-percent increase, 60-percent increase.

There is now going to be an attempt to try and catalog that and record it on some sort of systematic way from around the country.

Hospital pediatricians tell me they are seeing an increase in the number of failure to thrive children, children who simply do not grow and develop normally, not because their parents are abusive or retarded or unable to take care of them, but because they do not have money for food, and that is being reported to me from absolutely all over the country.

Senator ANDREWS. Those are statistics that would be most interesting because, you know, the Secretary of HHS testified that the mortality rates are down, but he did not have the information on, as we call in the livestock business the thriftiness of the child, the thriftiness of the new calf, and we find that you may well have a live birth, but if that newborn is not thrifty, you have all kinds of problems trying to get it up to adequate weight later on.

Ms. AMIDEI. That is right. That is right.

They are hard statistics to get because one of the first things that got cut was data collection, and as need has increased, the people in the hospitals just simply do not have time to go out and

do surveys when they have got these long lines of people coming through the emergency rooms.

We are starting to work with some of the professional health groups to try and collect, if not systematically, at least anecdotally some of this information.

Senator ANDREWS. Where has that data collection been done in the past? Is that done by the Department of Agriculture?

Ms. AMIDEI. No.

Senator ANDREWS. Or is it done by HHS?

Ms. AMIDEI. It would have been HHS, and it would have been public health departments themselves. Many of the places that formerly collected and kept data of their own now simply record it, but do not have the personnel to go back and take a second look at it.

Senator ANDREWS. But the testimony we just received from HHS was that that was the information that would come to us from USDA.

Ms. AMIDEI. Not things like whether or not there is an increase in low birth weight or an increase in women presenting in labor at the hospitals. I think perhaps they misunderstood the question.

Senator ANDREWS. All that we were asking about were the nutritional needs and the rest in the cities and the data. The answer that I got a moment ago, if I remember correctly, and I think I do, is that they did not have that kind of information, but that it would be available in the Department of Agriculture.

Ms. AMIDEI. I think I can explain the difficulty. You know that he mentioned the HANES study, the health and nutrition evaluation survey. He also mentioned that the last time they have data for apparently is 1976. He did not go on to tell you that they will not have any data collected in the 1980's that will be available in the 1980's.

Senator ANDREWS. I thought he indicated that there would be a study out shortly.

Ms. AMIDEI. Yes, but it is based on that old study. It is based on the old information. What they are collecting in the 1980's is not scheduled to be analyzed and published until after the 1980's.

Senator ANDREWS. In other words, as you see it, the updated study that he indicated he would present to us is based on figures from the 1970's?

Ms. AMIDEI. From the 1970's, prebudget cuts, preserious high unemployment, yes.

Senator ANDREWS. What good is a study published in 1983 do that is based on 1970 figures?

Ms. AMIDEI. That is an excellent question, and what is left at the Department of Agriculture increasingly is only that national food consumption survey, which Dr. Mayer spoke about, which he said takes this broad national sample, does not target in on the low-income groups as it ought to, and only goes in once every 10 or more recently every 12 years. So that does not give you the kind of ongoing surveillance that you need.

You have no currently available tool for ongoing monitoring of the nutritional status of the people of the United States of America. You simply do not know, nor will you know from anything that is being done right now, what the impact is of these budget cuts,

except anecdotally from information that can be collected in telephone surveys, from information that is being collected by church people and volunteers and students, small localized studies, small university-based studies. You will not have information from anything that is going on right now. There is no national nutritional surveillance effort in hand that will give you prompt, quick information that you could use to make policy decisions this year.

Senator ANDREWS. Of course, that is the reason for these hearings, to find out just that. To find out where we are. I guess inaction is the worst thing that a Congress or legislature or local board can do, but action based on false information is probably the next to the worst thing we can do.

Action should be based on accurate information. We need accurate figures so we can be responsive because we have limited resources to deal with. But if the need is great and if, as Dr. Mayer said, a dollar invested in the WIC program returns you $3 in that first year, much less the down the line savings.

Ms. AMIDEI. Oh, in the first weeks, in the first weeks.

Senator ANDREWS. It is a compulsive and captivating set of figures.

Ms. AMIDEI. Let me offer you a couple of figures. It costs about $450 to see a woman through a pregnancy in the WIC program, and we know that WIC is credited with helping to lower the incidence of low birth weight, which in turn is one of the leading causes of infant mortality. It is also low birth weight that is associated with a higher incidence of retardation and other kinds of handicapping conditions.

So if we can help that high-risk, low-income woman have a healthy, full-term, full-size baby, we minimize the chances that that baby will be retarded, handicapped, or die early in life.

Now, compare that $450 for that woman to get through a pregnancy with the fact that a low birth weight infant in a neonatal intensive care unit in almost any hospital in the country will run up bills of $40,000 to $50,000 in the first weeks, not months or years, first weeks of life, and then add onto that the figure that Dr. Mayer gave you, that if that child does survive, but survives severely retarded or handicapped, lifetime costs run $2 to $3 million.

So when people argue that we are saving money by not putting more money into a program like WIC or seeing to it that those pregnant women at least get food stamps that are adequate during their pregnancy, we are not saving anything at all. We use up that savings in a matter of weeks. It is a very false idea.

Senator ANDREWS. So as I say, even if you want to be flinty-eyed and do not care about people, if you are looking at dollars, it is a lousy place to try to save money.

Ms. AMIDEI. That is right.

Senator ANDREWS. Because you spend more money.

Ms. AMIDEI. Yes.

Let me move on to the infant mortality figures, if I may. It was very interesting to me, listening to Dr. Brandt, in part because he was very careful at the outset to talk about the need to look closely at whether you are using final or provisional statistics.

First of all, in our telephone survey, we asked for final statistics only, corrected for residents. So we were careful to do what he said

we had to do, and second, when we did on a few occasions use provisional data, it was because the local health officials said, "We feel confident about this provisional data." Otherwise we did not use it.

But it did prove interesting that when he wanted to make a point that was only able to be made through provisional statistics, he used the provisional figures.

Nonetheless, let me move on to what we did and did not claim for our report. We did not claim that this was a fancy, academic study. What we did claim, and in fact, we were very careful to point out in the report itself, that a telephone survey like ours should not be taken as the last word. A telephone survey cannot be. It should cause responsible people in public life to take a second look and to consider carefully the budget choices immediately ahead in the light of these findings.

We did not say this was the last word. We said, please notice, and we said, please notice, because what we saw in that 1 year between 1980 and 1981 is different from those other years.

It is different for several reasons. First of all, poverty was going up. Between 1979 and 1980, poverty in this country rose by about 12.3 percent. Then the next year, between 1980 and 1981, it rose another 7.5 percent.

Now, we know because it has been traced all the way back to 1915 that at periods of economic recession or economic instability, the infant mortality rate goes up. So at times of economic recession, when poverty is increasing, you need to take a different kind of look at the infant mortality statistics. They have a different kind of weight, and they are occurring in a different context than when the economy is booming. That is one point that has to be kept in mind.

The second point that has to be kept in mind is that in those earlier periods there was not a concerted effort to dismantle the very programs that helped keep down the infant mortality rates, like maternal and child health services, like medicaid that allows those pregnant women at least to get prenatal care, like WIC, like food stamps, like the programs that keep her nutrition sound during her pregnancy. That is a difference.

And finally, it seems to me that it is troublesome, at least, that Dr. Brandt says, we do not have a problem. The national rate is going down. Look at this. It is lower than it has ever been before.

Well, of course. That national rate includes all of the well-fed, fully employed, well insured, well cared for women and children in the country. That has no relevance whatever to programs that are targeted on poorly fed, unemployed, uninsured, high risk mothers and babies. Those we have to look at carefully.

If he had looked to what the people in the States where those rates are going up are saying themselves, he would find a very different picture than the picture he painted for you this morning.

The State of Michigan, for example, has now issued two comprehensive reports, one of which is called "The Impact of Unemployment on the Health of Mothers and Children in Michigan, Recommendations for the Nation." It starts off, "There is a human emergency in Michigan," and it goes on to talk in some detail about what is happening in the State of Michigan, and it points out that

the infant mortality rate in Michigan increased from 12.8 deaths per 1,000 live births in 1980 to 13.2 deaths in 1981.

Unlike Dr. Brandt, who said, oh, but this is just part of a quirk; you do not have to worry about these little blips, the State of Michigan says this increase represents a disturbing reversal of a 30-year trend which saw the infant mortality rate cut by 50 percent. Dr. Brandt may not be concerned about those babies that are dying in greater numbers in Michigan, but Michigan State Health Department officials are.

That is also true of health department officials in other States. Around the country they have been quoted, just as you have pointed out, not just on television or in print, willing to be quoted for the record.

From Rhode Island, the director of the division of family health, one of the eight States in the center's survey, said, "While Stockman is correct that policy cannot be made on year-to-year variations in infant mortality, the Budget Director's remarks lose sight of the much more important long-term picture. Hollingshead said that there is the medical knowledge to lower the infant mortality rate nationally, and he went on to talk about the fact that he is very concerned about the correlation between poverty and infant mortality because it is persuasive."

Dr. Brenner of Johns Hopkins University told a House committee that there has been a statistically significant link between unemployment and infant mortality in the United States for 60 years, and reason to be concerned about what is happening now as opposed to what happened in 1975 or 1970 or 1965 or any other year.

From Michigan, they talked about the fact that the 1980–81 period in Michigan saw one of the greatest increases in infant mortality since World War II.

In West Virginia, the director of maternal and child health programs for the State said the possibility exists that the situation could deteriorate this year.

Those health officials and other health officials around the country are concerned because they are not just focusing on that national number that takes into account your wife and everybody else's wives and children sitting in this room. It takes into account those women and children who are not in nearly so good condition as we are lucky to be in, chiefly minorities, disproportionately minorities, but also these days increasingly the people who are newly unemployed, newly the victims of the recession, the people that are talked about in all of these articles from all across the the country.

I think we have to be concerned not because there is a blip in a single year. I would not claim that any more than Dr. Brandt would claim that, but because conditions right now are different, and because Congress right now is making very important decisions about what will and will not be funded, and those decisions will have an impact next year and the year after on whether or not more of those high risk infants and mothers will survive. That is the issue.

I have the feeling that I am going on.

Senator ANDREWS. Let's go back to one thing because when Dr. Brandt made his statement that he made, it may well be that live

births are on the upturn and that infant mortality at birth is, indeed, steadily increasing despite the blips nationally.

Ms. AMIDEI. Nationally only.

Senator ANDREWS. And they talk about 13 States out of our 50 States may show temporarily higher figures, and then they go down, but the point that Dr. Brandt in my question to him did not cover is the point that you have been making which I think is far more important than the startling statistic of infant mortality. That is the thriftiness of the newly born infant.

Ms. AMIDEI. The infants' low birth weights.

Senator ANDREWS. And the key to survival on down the line, they had no statistics—at least he had no statistics when I asked him—as to what was the health situation that that newly born infant encountered and how would it be able to cope during the first few years of its life with the problems that every one of us humans face if we are less than well nourished, and the particular impact on the child coming into this world and the prenatal nutrition that the child receives through its mother.

So he did not have the figures for that, which was surprising to me.

Ms. AMIDEI. If you have not had an opportunity yet in these visits that you are making around, you might want to drop into a neonatal intensive care unit. It is really very shocking to see what one of these little tiny, underweight babies looks like. They do look like little sparrows, and they are so tiny and so frail that you can see the little chest go up and down every time the heart beats, and they are all enclosed with tubes and tapes and machinery. It is just an extraordinary thing, thousands of babies.

Senator ANDREWS. And medical techniques have improved so much in the last decade that infant mortality at birth could well be down even though we have a nutritional powderkeg about to explode.

Ms. AMIDEI. Incidentally, I was just reminded of something. There is one USDA study that had been mandated by last year's authorizations bill on the effect of the budget cuts on the food stamp program. So perhaps we will have one piece of information this fall.

If I may I want to do just one last thing.

Senator ANDREWS. Sure.

Ms. AMIDEI. And that is just to comment very briefly on the issue of surplus commodities for the emergency food pantries. I think, like Dr. Mayer and other people, that you have to make a careful distinction in terms of the methods of distribution and the mechanisms used for distribution. Soup kitchens, nursing homes, hospitals, senior centers, schools, lunch and breakfast programs, day care centers can and should get more surplus commodities. They can use it. They have the facilities. They can handle it. They can store it.

Most emergency food pantries cannot. They simply do not have the capability. Many of them have no refrigeration. Many of them have very limited storage ability. Many of them are simply not in a position to handle what would happen if suddenly it were announced that there were large amounts of food available out of their little store front center.

Some of these emergency food pantries are given part of a room upstairs in a church or part of a room in the basement of some other facility or a little bit of a store front. They just simply cannot cope with long lines of people waiting to get a 5-pound block of cheese or a big bag of nonfat dry milk or anything else.

Moreover, I have a personal bias about that. I think in this country we ought to be able to do better than to make people stand for 4 or 8 or 10 hours in a line in the cold and the wind and the rain to get a 5-pound block of cheese. We surely can do better. We know we can do better. We can do better through the food stamp program alone.

All of that need that is recorded in all of these articles and everything that we have said and everything that you are going to hear is need occurring at current services levels. That means that if we want to make a dent in the hunger problem, we have got to put money, substantial amounts of money, in on top of current services to help get more of those children back into free and reduced price lunch categories, to make sure that more of the elderly are getting more adequate nutrition out of food stamps in the elderly feeding programs, to improve the food stamp benefits so they do carry people farther through the month and do not run out in the third week, which they do now, and we have to be willing to reach out more to those newly unemployed people who are in such desperate, desperate straits.

I think that if we can get those surplus commodities out to the institutional feeding arrangements and make sure that they are available to the soup kitchens and the institutional feeding programs, we should do that. I do not think we should resurrect the old commodity distribution program.

We had very good reasons for dismantling that and seeing that it was replaced by food stamps, and we ought to stick with that decision.

Senator ANDREWS. As I understand S. 17, the major thrust of it would be to cooperate with the nonprofit organizations that are, in fact, running these feeding centers and to make these commodities available at that type of nutritional center.

Ms. AMIDEI. I am not sure I know what the final version looks like, but if I made a mistake——

Senator ANDREWS. You are not going to know what the final version looks like until we get it through the floor of the Senate.

Ms. AMIDEI. Yes; I do not know what the most recent version looks like, at the moment. Let's put it that way.

Senator ANDREWS. We had four separate versions, as I recall, about four. It was written originally by Senator Dole and the rest of us who joined him or a number of us who joined him as cosponsors of the original version. It was then changed by a first draft from the Department of Agriculture. The Department then sent up a second draft.

I think we worked that day with the draft that they were giving us, and the fourth draft, or the third and fourth draft was what was passed out, and I would suggest that you and your organization and the other organizations here in the hearing room today take a look at that final draft, which was reported in the Congressional Record, as it came out of the committee, and share with us

any ideas or suggestions you might have for changes because, given the need and the unique problems we face in the country, we want to make sure that that piece of legislation, when it emerges from the full Senate, is indeed the best, the most constructive, and most effective piece of legislation it can be.

What suggestion would your organization have for the Senate to follow in urging USDA to adopt innovative steps to meet the food needs of America today? What type of studies, what types of change, or do you think it is merely a question of adequately funding the programs we now have?

Ms. AMIDEI. Certainly adequately funding the programs we now have would go a long way toward improving the situation we are facing. You will notice in my prepared statement that I went back over that history because it was the food programs that made the difference and helped us make so much progress, and certainly that is the primary consideration.

I think I would like to think a little bit about it and may want to say a few more things for the record, but three things come quickly to mind. One, we ought to be getting more support from the Department of Agriculture for the nutritional education and training program. It continually amazes me that a program that would help implicate sound nutrition education in young children and other people is something that is being dismantled and is constantly on the block for elimination, particularly since it costs so little, and it is not, as they argue, a pilot program. It has been enormously successful.

Senator ANDREWS. In other words, taking the nutritional knowledge that we now have and making sure it is in the hands of the people in this country.

Ms. AMIDEI. That is right.

Schools have been very effective in tying together the school lunch and breakfast programs with nutrition education. You cannot teach nutrition education in the abstract. But tying the two things together works very well, and that is not something, incidentally, that you can do 1 year and then drop it for the next 6 years the child is in elementary school. You have to repeat the lessons and change them as the child grows and can understand them. I would like to see that happen.

I think second that some version of what Dr. Mayer was talking about would make very good sense. If we could get some ongoing nutrition surveillance in hand, that would help enormously.

And, third, I would like to see a different attitude about the programs. That does not need legislation. It needs a different way of thinking about what they can and cannot do and what they were intended to do.

The notion that we should be discouraging people who are in genuine need from applying is something that I think should not be coming out of public sources. People genuinely in need should know about the program, have easy access to the programs, should have the various programs made simple to apply for and simple to use because, like the mayor of Salt Lake City, I am absolutely confident that we do not have more cheats and frauds happening to apply for food programs than we have cheats or frauds in the

police department or the health professions or Congress or anyplace else.

You have to take any system, put up front a good screening system, and then go on and trust the system to basically do a good job. You cannot have everything in the system geared toward the 1 or 2 percent that you think are likely to do something wrong. You simply cannot. So I would like to see that kind of change.

But if something else occurs to me, I would be glad to let you know.

Senator ANDREWS. Thank you very much. We appreciate a most constructive statement. It will be a great deal of help to the committee and to the Senate as a whole.

Ms. AMIDEI. Thank you, Senator.

Senator ANDREWS. You are awfully nice to take the time of day to come and testify before us.

Ms. AMIDEI. Thank you, and I want to compliment you on the statement you made in your opening remarks. It was very fine.

Senator ANDREWS. You are kind to say that.

[Questions submitted by Senator Helms to Ms. Amidei and answers thereto:]

Question. On what basis do you state that hunger has returned "on a scale unknown in this country for many years" and that "neither public nor private efforts meet that need"?

Answer. There are six kinds of evidence that hunger is once again a serious and growing problem in the United States, and that the needs of hungry people are not being adequately met. They are set out below.

But it is important to point out that I have been in seventeen states since January (nearly thirty-five states in the last two years), and in every state I make it a point to visit with people working to resolve hunger problems in their communities; make it a point to visit with people working in public food assistance programs and private emergency food efforts; make it a point to stop in at soup kitchens, food pantries, food banks, and food program offices; make it a point whenever possible to visit with health professionals who would know whether there is any clinical evidence of malnutrition appearing.

As I learn something in one state, I pose the issue as a question in every other state I visit. In that way I have been recording what has been happening through conversations, direct observation, local studies, and news reports collected from all over the country.

These observations are weighed alongside my own experiences over the years as staff of the U.S. Senate Select Committee on Nutrition and Human Needs, as a researcher and writer, and as an official of the Department of Health, Education and Welfare. Thus I am able to compare what I am seeing and hearing now, with what I know to have been the conditions in this country over the past sixteen years.

Evidence: There are six kinds of evidence that hunger is once again a serious and growing problem in the United States. Unfortunately the relevant federal agencies are doing little to provide information or collect data in a nationally consistent manner, but that does not mean we have no idea what is happening, or that we cannot draw any conclusions from the information sources available.

1. The numbers: The increase in poverty that has been recorded since 1979 is useful for this discussion because the poverty count represents a good surrogate for a national "hunger count." By definition, people below the poverty line have less income than what is needed to purchase a minimally adequate, temporary diet "for emergency use when funds are low." That is not to say that they are hungry or malnourished every day, or that all of those with poverty level incomes will show evidence of clinical malnutrition, but the poverty count does provide a good sense of the scale of the problem, of the group at risk.

In 1981 (the 1982 data are expected shortly) there were 32 million people living below the poverty line and another 12 million with incomes just above the poverty line. About one in five Americans lived in a low-income household. Moreover, that represented the highest incidence of poverty that has been seen in the U.S. since 1967. Poverty had risen for two consecutive years (by 12.3 percent between 1979-80,

and another 7.5 percent between 1980-1981). When the 1982 figures become available it is expected that they will record another sharp increase.

Given the relationship between poverty status and inability to purchase even a temporarily adequate diet, if poverty is up, then the population at risk of hunger is up.

At the same time, although there are more poor people, changes in eligibility for welfare, food stamps, and other programs for poor people has been changed in ways that leave fewer people eligible for any form of help. Today, when the number "at risk" of hunger is reliably understood to be above 44 million, the number getting food stamps is just 22.4 million. Fewer than 16 million people get any form of federally-assisted cash welfare (from AFDC, SSI, or the "cash out" of food stamps for Puerto Rico). Forty-one percent of those living in poverty get no federally-assisted benefits (such as food stamps, medicaid, or school meals).

The numbers make clear that there are many more people in need than there are people getting help (the numbers getting food stamps and getting welfare cannot, incidentally be added together) from public programs, and those who do get help get too little.

Compounding the problem for low-income people is the fact that even those who still get benefits, get benefits that have been made inadequate. Families with no income and no welfare can get a maximum food stamp benefit that works out to only 70¢ per person per meal; the average benefit is only 47¢ per person per meal; many people get benefits that provide even less. 1.3 million low-income children no longer get meals at school, and the children who are eligible for the Child Care Food Program now get fewer meals no matter how many hours they must stay in care. In many states, women and children in the WIC program now get fewer ounces of milk, and restrictions on other foods in the WIC food package.

2. Private Agencies: Emergency food outlets have been growing in kind and number in response to growing need, and the clientele they serve has been growing as well. As the recession continues and more of the unemployed exhaust their savings, soup kitchens and emergency food programs turn up in more and more communities, including wealthy Long Island and the rich Napa Valley.

By now there have been many surveys, studies and local questionnaires documenting the fact that there are more emergency outlets serving a growing population of people in need of emergency food. Increases of up to 600 percent have been recorded in some areas. And many now report that they are either turning people away or finding some other method of limiting those who can be served—because their supplies of food simply are not equal to the need. In city after city, I am told of food pantries that run out of food by the third or fourth week of the month, of food outlets that will give an emergency three-day supply of food only once in one (or three, or six) month(s) because they simply do not have enough to feed all those in need.

Moreover, those agencies with the ability to look into the circumstances of the families seeking help all note that they are seeing people who for the most part either do not qualify for food aid, or if they do, find existing food aid (like food stamps) simply inadequate to meet even minimal family food needs. Church and community workers alike are convinced that they are being asked to help people who are doing everything within their power to help themselves but who are being left in desperate circumstances by the economy and the inadequacies of existing food program benefits.

In general, the emergency food outlets across the country are facing constantly growing requests for help—especially at the end of the month—because at the beginning of the month they help the needy who get no help from public programs, and by the end of the month they also are being asked to help those who do get food stamps but who cannot make it through the month on such meager benefits.

3. Public Agencies: Last November, and again this summer, the U.S. Conference of Mayors has reported that hunger is the "most prevalent, most insidous problem" facing city agencies today. Last Fall, 73 percent of their members responding to a survey reported that requests for emergency food and emergency shelter top all other requests for help from mayors' offices and city agencies. This summer they supplemented their earlier reports with in-depth profiles of hunger in eight cities, and provided that and their spoken testimony to a Subcommittee of the Senate Committee on Agriculture, Nutrition and Forestry. They have information from cities of all sizes, from every region of the country, that hunger is a growing problem and existing forms of help (from private as well as public sources) are not adequate to the needs.

That evidence from such elected officials as the mayors themselves is supplemented by reports from other public agencies: of waiting lists for the various food assist-

ance programs such as nutrition for the elderly, of more applicants for food stamps, more applicants for the WIC program. Those programs have been in place for many years but the dramatic rise in requests for help from those programs is new. And, in the face of recent years' budget and policy changes, the fact that applications continue to go up and recipient caseloads continue to go up is doubly significant. In some states the press of new applicants is so great that the law is not being followed: there are long delays in processing applications, and emergency cases are not being handled as the law requires. Employees and administrators alike acknowledge that they are seeing more people in need of food assistance, and that they are less able to meet this growing need because of budget reductions, staff reductions, and paperwork burdens that make it less possible for them to process applications.

In much the same way that mayors have reported that the hunger situation in particular cities is the worst that many of them have known since the 1930's or within their memories, food program employees also comment that the current situation is far worse than anything they have experienced in many years.

In addition to the direct experience of those working in food programs, Members of Congress have also been persuaded that the current situation is worse than it has been in years, and that existing resources are not meeting the needs. Congressman Leon Panetta, who chairs the House Subcommittee on Domestic Marketing, Consumer Relations, and Nutrition (of the U.S. House of Representatives' Committee on Agriculture), has conducted hearings into this issue in Washington, D.C. and across the nation (e.g. Alabama, Cleveland, Ohio, Los Angeles). He has said: "I believe that anyone who participated (in these hearings) or reads the record . . . will not dispute that there is a serious problem of hunger in the country today."

Similar comments have been echoed by Senator Mark Andrews, after chairing hearings of the Subcommittee on Rural Development, Oversight & Investigations of the U.S. Senate Committee on Agriculture, Nutrition and Forestry.

4. Media Reports: As reports of hunger or homelessness or personal tragedy surface, investigative reporters and other journalists are sent out to cover the local story, to learn whether the problem exists in their own area of the country. In city after city, month after month, seasoned journalists from the print and electronic media have gone out to investigate and have come back to their news organizations to report (with only the details differing from place to place): hunger and malnutrition are real and growing problems once again. The stories turned up by these reporters have now appeared on television stations, in newspapers, and on local radio programs all across the nation; have been part of news broadcasts, Sunday Supplements, daily papers and the specialty press; have appeared in popular magazines and in the newsletters of religious organizations and virtually every religious denomination in the nation. Reporters from every perspective and every part of the nation have investigated the question and concluded that there is evidence that hunger and malnutrition are problems and that existing food assistance efforts are not adequate to the task.

5. Local Studies: Federal studies in this area are notably scarce, but there is now a growing bibliography of smaller, local studies. The investigators have included university researchers, inter-denominational church groups, community groups, advocacy organizations, and medical professionals. They have produced reports in Oklahoma, West Virginia, New York (city and State), Chicago, Rhode Island, California (several have been carried out in California) to name only a few. There have also been studies which draw on information from many localities, like the study of food bank members across the country, and responses to surveys conducted by inter-denominational Church organizations or by individual denominations surveying their member Churches. Although the details naturally differ from place to place and organization to organization, these studies also come to the same basic conclusion: hunger and malnutrition are large and growing problems on a scale not seen in many years, and existing efforts are not adequate to the task. These sentiments are underscored by corporate food company officals who have lent their time and energy to local food drives only to find that the best, most energetic private efforts do not begin to meet the current need.

6. Medical Evidence: It is one thing to note that certain services or benefits have been curtailed, and quite another thing to be able to point to clinical evidence that the health and well-being of those affected is being compromised. Showing cause-and-effect relationships is difficult if not impossible for any one specific benefit or service. People are not laboratory animals whose conditions can be strictly controlled and measured, who can be deprived of basic nutrients or medical interventions and compared with control groups who were. So perfect, entirely unchallengeable evidence of an absolute source would be difficult under the best of circumstances.

But if more children are failing to grow and develop normally, if more infants are being born at very low birthweights, under conditions which show that more families are unable to provide adequate food, then that evidence is at least strongly suggestive that hunger and malnutrition are serious problems once again indeed.

And the medical evidence, as reported to Congressional Committees and published in reports, is coming in. Among the currently available evidence from medical sources is the following:

Hospitals are reporting an increase in the incidence of low birth-weight infants being born. At Metro General Hospital in Cleveland, for example, 109 more low birthweight infants were born in 1982 than in 1981 and requests for emergency infant formula were up 162 percent (for inadequately nourished infants) in December 1982 over December 1980. On a national basis, a levelling off and in some cases an increase in the incidence of low birthweight is being reported to FRAC in its more detailed, more sophisticated inquiry into infant mortality rates and other indices of overall child health status. Progress in reducing the incidence of low birth weight is simply not being made in many areas of the country now.

Major city hospitals are reporting increases in Failure to Thrive children admitted for care. In Los Angeles, Chicago, New York, New England, and the deep South, hospital personnel and Failure to Thrive Teams are recording a growing incidence of children who do not grow and develop normally.

In two instances (Long Island, and Chicago) I have had reports of infants aged 3-4 months re-admitted to the hospital weighing less than they had at birth because their parents had no means of feeding them.

Of 400 children coming to Boston City Hospital in recent months, a study by the Harvard School of Public Health found three times the number expected with heights and weights below the fifth percentile; a Kansas City, Missouri hospital reports 13 percent of innercity school children in a recent sample survey had abnormally low weight gains; in Chicago, hospital personnel are checking the heights and weights of all children admitted through the emergency room during selected periods, and finding a higher than normal occurrence of poor growth and development.

Reports of water intoxication are up. From Cleveland, Dallas, Alabama, Chicago, New York, Milwaukee, and Rockford (Ill.) come reports of infants admitted to emergency room care in convulsions because they have been given diluted infant formula or water instead of formula at a greater rate than in the past. The hospital personnel involved report that this is due not to abuse or neglect or ignorance, but results because the parents cannot afford milk or infant formula and dilute it to make it last longer.

Volunteers in soup kitchens and emergency food "pantries" provide a kind of corroborating evidence of the problem: they commonly tell of mothers who come seeking not food for themselves, but just milk for the baby's bottle, or formula—because they have no way to provide it. Health clinic workers in one Southern state told of "stockpiling" infant formula in their clinic's closets, as do nuns at Marillac House on Chicago's West Side.

Professional nutritionists have begun systematic data collection on nutrition status in five states because of disturbing trends and the large number of anecdotal reports of clinical malnutrition from the health professionals they work with.

Nurses working in Detroit report that they now routinely question adults on their diet (including how often they eat solid food) and have recorded low potassium levels and other clinical evidence of poor nutrition among adults. They are seeing conditions stemming from long-term poor nutrition that they last encountered in their nursing school text books.

Nutrition Watch, a Commission appointed by former New York Governor Carey, met for six months of testimony and evidence from a broad range of witnesses and professional perspectives. They concluded that "hunger . . . is again on the rise in New York State.", and noted that an estimated 20 percent of those hospitalized in New York State had nutrition-related illnesses.

In sum, from many sources and the testimony of many individuals in the public and private sector there is ample evidence that hunger has returned on a scale unknown in this country for many years and neither public nor private efforts adequately meet that growing need.

Question. With respect to the increase in women who are now appearing at hospital emergency rooms having had little or no pre-natal care, "Do you have any information or statistics to indicate that what you reported is characteristic of the national picture or national trends?"

Answer. The information I have thus far is anecdotal largely, though it comes from hospital personnel in virtually every region of the country. Figures from a Philadelphia hospital show a 35 percent increase during a six-month period this

year over a comparable six-month period a year earlier, while statistics from Los Angeles County were showing a 100 percent increase for a time (more recent data shows that declining somewhat and leveling off, but it is being closely monitored).

However, interest in obtaining more systematic data from across the country is high, and we are talking with relevant professional organizations about conducting a survey of hospital administrators and physicians. As soon as that information can be compiled, we will be pleased to provide it to the Committee.

Question. With respect to the WIC program, how would we distinguish the impact of the nutritional assistance versus the health-related assistance furnished as a result of periodic visits to a health clinic.

Answer. In general, we would not attempt to distinguish between the two. The evidence from supplementation studies in many countries has established the association between adequate nutrition and improved pregnancy outcome (particularly, a higher incidence of full-term, full weight infants). Similarly, the evidence from vital statistics records has established the association between early and regular pre-natal care and improved pregnancy outcome (again, a higher incidence of full-term, full-weight infants).

Thus, it is not surprising that evaluations of the WIC program's effectiveness have shown that WIC participants' pregnancy outcome is invariably better than that of control groups'. It is presumed that the remarkable effectivess of the WIC program is a result of the combined effects of both improved nutrition and regular pre-natal care. Since the effects of each factor have been independently established, the relative weight of each as they operate in the context of the WIC program is less important.

Question. I have heard the assertion that there are long lines of individuals waiting to participate in the WIC program, but unable to do so because of program "ceilings". Could you provide any specific State or national information on "waiting lines" among the States?

Answer. At the time I testified in March we knew of many states and cities that were troubled by waiting lists for WIC. As a general rule, earlier this year WIC programs routinely mentioned the problem of waiting lists when we spoke to them about any subject related to the program.

For example, in Louisiana, a statewide "freeze" was imposed in late February and a reduction of caseload was required to prevent overspending. As a result, there were waiting lists for all priorities (one through six) of eligible WIC clients.

As of late January, a total of 51,500 then-current WIC clients were due to be put on waiting lists in Illinois, Maryland, New Jersey, Pennsylvania, and Ohio.

In Kansas, as of the last week in February, there were 100 pregnant women and 110 infants on waiting lists in areas representing just one-third of the state.

In Kenosha, Wisconsin, 250 women and children were on the waiting list at a time when 138 currently on the program were slated to lose their benefits.

In New Jersey, Newark had been told to reduce its caseload from 4,100 to 2,200, and as a consequence only the first priority group—the highest risk pregnant women—were begin served. Patterson was told to go from 2,385 participants to 1,400 participants. In cases of caseload reduction, most WIC clients were being put on waiting lists.

In Nevada, 200 eligible WIC clients were slated to be put on a waiting list.

In King Country, Washington, the waiting list doubled during the early part of the year.

In many states, only priorities one and two were being certified at that time, and all others were being put on waiting lists.

This situation would have changed somewhat as a result of the additional WIC funding provided through the Emergency Jobs Bill enacted by the Congress earlier this year. We would have to do a survey to know whether there are waiting lists for WIC now.

Question. You stated "all the way back to 1915 that at periods of economic recession or economic instability, the infant mortality rate goes up." What statistical information do you have to support this contention.

Answer. The best reference on this subject is by M. H. Brenner, "Fetal, Infant, and Maternal Mortality During Periods of Economic Instability." "International Journal of Health Services," 1973; 3:145–159.

Brenner reported that there is an increase in neonatal and postneonatal mortality rates one year and three years respectively, following deep economic recession. He used natality, mortality, and economic indicators dating back to 1915 to support this.

Question. I notice that you generally focused on the programs with an income "needs-basis" such as food stamps, but that you also included other nonneeds-based

programs like much of the school lunch program. Where should the Federal priorities be in funding these various programs?

Answer. There is no simple either/or answer to your question, even for people with a particular concern for low-income people at risk of hunger. That is because many nonneeds-tested programs are very effective at preventing and alleviating hunger and poverty. If not for social security, for example, millions of elderly and disabled people would be in conditions of dire poverty; that program is a high priority nonmeans-tested program. Similarly, one of the reasons for the effectiveness of the school means programs is their availability to children from all income classes, without distinction. The level of federal reimbursement differs, but the nutritional benefit is universal for all who participate in the program. In both cases, the programs enjoy a broad base of public support that makes it possible for them to be effective precisely because their benefits are universally available.

As a general rule, programs for poor people do not enjoy broad public or political support, and so they tend over time to become poor programs. That is no fault of the beneficiaries, but is simply a reflection of our political system.

I would put a high priority on programs that are effective in preventing and alleviating hunger and poverty, and/or are effective in ensuring the health and nutritional status of people—irrespective of whether they involve means-testing—because the objectives are so important to all Americans.

Question. What specific budget reductions of the past two years do you believe should be restored?

Answer. When the various budget cuts of 1981 were added up, it became clear that roughly 70 percent of those cuts had come from programs designed to help low-income people. In 1982 the proportion of all budget cuts borne by programs for low-income people was estimated to be about 20–30 percent. Overall, a disproportionate share of the budget reductions came from programs providing minimal levels of food, shelter, subsistence, and medical care. That was neither fair nor equitable, and has had serious repercussions for millions of people who are innocent victims of the current recession. Such budget reductions should be restored.

Question. I'd be interested in which, if any, Administration proposals you find objectionable (unreasonable) for fiscal year 1984—

(A) The * * * reduction (which) would not affect recipients * * * to require that states repay the federal government for overissuances above 3 percent. * * *

(b) a six-month delay in increasing benefits * * * at savings estimated to be less than $100 million. * * *

(c) a workfare program for able-bodied food stamp recipients in order to save about $90 million. * * *

Answer. (a) It is clear from a review of the almost continual amendments to the food stamp program since 1977, that a 3 percent error rate is entirely unrealistic and the imposition of that unreasonable standard will have a harmful affect on recipients. From visits to food stamp offices and conversations with eligibility workers, supervisors, and program administrators across the country it is clear that many of the changes mandated by the Congress in recent years have in fact increased the likelihood of error in the program, while recent budget reductions have left them with too little staff to operate the program under the complex and frequently changing procedures currently in place.

Each application now takes longer to process and the number of applicants is rising, yet there are fewer staff to handle the growing caseloads and more complex application procedures. Under those circumstances, a 3 percent error rate is not reasonable. The result of these unreasonable standards is long delays, unmet emergencies, and in some cases serious hardships for hungry people in need of food stamps.

It is remarkable that the error rate has been reduced by one-third in recent years, and is substantially lower than the error rates revealed by recent studies among hospital residents, the IRS, and certain of the Pentagon's activities.

(b) Unlike other programs for which the Administration proposed a delay in cost-of-living increases, the food stamp program had already gone for nearly two years without any cost-of-food increase at the point when benefits were finally updated in October of 1982. Subjecting food stamp benefits to additional delays would mean not treating it like other programs, but rather treating it more harshly than other programs.

It should also be noted that food stamp benefits are already inadequate. Benefits are currently provided at levels lower than the cost of the Thrifty Food Plan (which was intended for short term, "emergency use when funds are low") and are always several months behind actual grocery store prices even at those low levels. Any delays in keeping benefits relatively current with prices assures that those who need food stamps will have too little for even minimally adequate diets.

Finally, the savings cited for this provision understate its effects: in the out-years this provision would be substantially greater. For the reasons cited above, the proposal to impose further delays is an unreasonable proposal.

(c) The "savings" cited in this question are not substantiated either by USDA testimony or by the experience of counties which have participated in various workfare demonstration projects. In order to "save" $90 million through workfare, Administration officials have testified that they believe they would have to spend $105 million.

Even that probably understates the reality. In reviewing the workfare demonstration projects, their costs and "savings," we found that nationally the costs ran about three times greater than the savings, though in some cases the negative ratio was eight to one. In one state the cost per participant was nearly $1,000. These findings have generally been corroborated by a review by the Congressional Budget Office which concluded, "There is no firm evidence yet available on whether savings exceed costs for workfare and for many types of job search. Programs initiated in the 1970's were often not cost-effective." That is one of the primary reasons that so many jurisidictions have chosen not to operate workfare projects, and why so many of those involved in their early demonstrations voted not to continue the projects.

However in general we would like to see greater access to jobs for which able-bodied people would be paid. Because participants are not paid, workfare does not provide a job experience or in most instances, opportunities for private-sector employment. People with jobs get paid, and get social security credit for their time as employees. Workfare participants in many places are not even permitted time away from their assignments in order to respond to job openings, and so it becomes an obstacle to self-support rather than an opportunity.

Senator ANDREWS. Our next witness is the Reverend Paul Kittlaus, the director of the Washington office of the United Church of Christ, who is testifying on behalf of the Interreligious Taskforce on U.S. Food Policy.

Welcome, Mr. Kittlaus. Glad to have you here.

STATEMENT OF REV. PAUL KITTLAUS, DIRECTOR, WASHINGTON OFFICE, UNITED CHURCH OF CHRIST, ON BEHALF OF INTERRELIGIOUS TASKFORCE ON U.S. FOOD POLICY

Reverend KITTLAUS. Thank you, Senator.

I would first like to associate myself with both the substance and the passion of Nancy Amidei's statement. I think we need more Italians in the United Church of Christ.

The food policy task force is an organization of two dozen religious groups and agencies, and they are listed at the bottom of the page, and includes the Episcopal Church, of which you are a member, and there are a number of people, incidentally, in the room who are in town from various parts of the religious community around the country, who are here for a 3-day briefing, and they are giving up a chance to hear Congressman Downey talking about the nuclear freeze to be here in support and concern about the hearings before this committee.

Senator ANDREWS. I appreciate that.

Reverend KITTLAUS. And also David Creen who is the hunger program officer of the Episcopal Church is in the room and would probably like to extend greetings to you later on.

I would like to refer to the conclusion of the testimony that I bring today, assuming that the whole testimony will appear in the record.[1]

Senator ANDREWS. Let me assure you that you are subject to the same ground rules everybody else is. The entire testimony will

[1] See p. 139 for the prepared statement of Reverend Kittlaus.

appear, and of course, you can summarize it or present it in whatever way you want.

Reverend KITTLAUS. All right. Let me just read the conclusion because I think it summarizes pretty much where we come out as we look at the current situation that you are investigating in this set of hearings.

We conclude that the programs of the U.S. Government have made an important, one might say critical, improvement over the last 15 years in the basic nutrition of the poor in the United States. The studies we have cited show this. We see it in the lives of the poor whom our congregations serve in many communities, both urban and rural.

We also conclude, based both on these studies and by our own involvement in the lives of the poor, that the recent cuts in nutritional programs have, in fact, caused suffering, have caused many of the poor to move to the barest survival levels of existence.

Our congregations across the country have done what they can with direct assistance and will continue to carry forth to address this suffering. The kitchens of many of our churches and synagogues have become the source of public charity of the barest nutritional offerings which our members can provide to the hungry who come to their doors each evening.

But now we conclude that the administration's new proposal will cause even more suffering, and we want to say to you and to the members of the committee and to the Senate, the poor have suffered enough.

We ask that this subcommittee not further the policies which take from the poor those Federal programs which fed them, which have provided them means by which many in the recent past have been able to rise up out of suffering to make their contributions to this rich and sometimes generous Nation.

And just to give a perspective out of which the religious community operates as we work together in the food policy task force, let me just provide you a kind of theological perspective with which we do an analysis of this situation.

Based on our Biblical faith and our understanding of the traditions of the church, it is our belief that God is a God of justice who promises to establish justice in history and to demand that those who are claimed by God to work for justice.

And we believe that while God loves all people, and through that love seeks justice for all people, God makes what theologian John Bennett calls a concentration of love on the needy. Equal concern for all requires unequal attention when unequal need exists.

We believe that God judges nations by the standard of justice. The divine standard is not the size of the nation's gross national product, the beauty of its worship places or the frequency of its prayer breakfasts. The divine standard is justice, which means, first and foremost, how a nation deals with the weak, the needy and the vulnerable.

For the God of Biblical faith, the litmus test of whether a nation is just or unjust is whether its economy is fair or unfair, is always the question: What is happening to the poor?

The current public policy toward the poor of this Nation leads many of us to conclude that by this exacting standard, America is to be judged harshly.

I would like to say we express our appreciation to you, Senator Andrews, and to other members of the committee for the opportunity to offer these views, and we look forward to the opportunity now, and any time in the future, to discuss with you the dimensions of the issues that are before this committee.

Senator ANDREWS. Well, thank you so much for coming here and representing the Interreligious Taskforce on U.S. Food Policy.

I think you again restated something that I think is important not to overlook from a totally different standpoint than the need to meet the nutritional needs of unfortunate Americans among us, and that is one that I touched on in my introductory remarks and that, of course, Dr. Mayer touched on: The impact on other countries who have seen the long lines of people lining up for dairy products. The impact on other nations in the world who witness our engagement in competition with the Soviet Union; competition in which we are spending tens of billions of dollars in girding our nuclear arsenal and doing a whole host of other things. As well as talking about whether or not certain nations can build pipelines or how this can be done or that can be done. A competition that might well be decided much more on how we are interpreted by other countries of the world in our handling of the poor among us.

As was said a minute ago, a nation that does not have a heart can hardly be expected to have a head. Maybe what we are talking about is something that will have much more impact than the amount of money that is involved in it would indicate.

While I was in the House of Representatives I served on the subcommittee that funded the State Department, and visited a number of Latin American countries. Whether you call the slums, barrios, or bariottas they are all alike. It is awfully difficult to look a mother in the eye and try to explain why you are cutting back the production of food in your own country, when she knows that her child may well die of malnutrition before it reaches the age of 5 or 6.

And it is even more difficult to go out and say that our country should be the standard for the world, and other nations should cast their lot with us, because when they take a look at our country and find that we are not doing very much or not enough about the needs of nutrition here at home.

I think if we emphasized the ability of our farm families to produce that most basic necessity, food, and that we demonstrated to the world that we could handle the need of mankind, nutrition, and that we can assist in the feeding of other countries; something the Soviet Union cannot do. This is really our long suit, and I think it is much more impressive for other nations to take a look at our ability to produce food as the strength of America than to try to count the number of nuclear warheads in our arsenal. I think it would have a lot more impact.

But to get back to the question right here at home, what have the churches done to provide direct services in the emerging nutrition need? We see in the headlines Ms. Amidei brought us the testimony on behalf of the mayors around the country that was

brought forward by Mayor Wilson certainly shows that the need exists. The churches are responding. At least some churches that I have been in seem to be responding.

Can they fill the gap?

REVEREND KITTLAUS. Well, it is clear from the surveys we have done and from the travel that members of the food policy task force have done around the country that there are a massive number of local congregations who, without the resources of the Federal Government or any major external source of commodities and foodstuffs, have been able to put together meals for people, breakfast, lunch, dinner, to try to find jobs, to provide housing.

I am very much concerned that the church continue to respond in these ways. We need to do more, but if you try to measure what is possible to do through this kind of voluntary effort to the reduced role over the last 2 years of the Federal Government in many of these areas. I think it is not difficult to see that it is not possible for the churches, even in their most generous operation, to fill the gap.

A couple of ways in which some colleagues of mine have tried to figure that out, in the city of Philadelphia a group of clergy counted the number of congregations that are listed in the phone book, the number of religious local church congregations, and compared that total number to the number of dollars that would not be coming to Philadelphia for a variety of means tested Federal programs as adopted in the budget 1 year ago, and discovered that it would take $50,000 for each congregation to match the number of dollars that the city of Philadelphia and its various means tested programs were being deprived by the changes in the Federal budget.

Well, it is clear that that kind of resource is simply not available in a voluntary way in the lives of local congregations.

My brother in the faith, Rev. Jerry Fallwell, suggested that each local congregation should adopt 10 poor families as a way of stepping into the gap. If one assumed that it would take a local congregation $10,000 to support a poor family, which is probably a low figure, on an annual basis that is $100,000 a year that he is suggesting every local church be able to add to its current budget, and I, frankly, do not know of but maybe two or three churches of my denomination in the Washington area that I would be confident would have that possibility.

I think finally the question for us is to look at whether we are a nation which deals with its poor principally through the mechanisms of charity or principally through the mechanisms of justice. And I think that when Dr. Mayer said earlier that 10 years ago we made a major change that we would not stigmatize the poor by separating them out from others in some of the school nutrition programs, part of what was happening at that point in time was saying that as a matter of justice, the poor need to be fed. They need to be fed in as many places as possible, and the Government acting on behalf of the community of persons in this Nation was going to be the instrument through which that justice was implemented.

Now the vision of this particular administration seems to be that we want to reduce that and we want to shift it back to the realm of

private charity, which means that for us major portions of the population, those particularly who are weak and vulnerable and poor, will survive only if those people who have material wealth are also morally perfect, that is, willing to give charity.

And that is a very thin reed, even with the best that the churches can do to address that problem. So I would say the churches, of course, need to do more, have done a lot, but there are not the resources in that kind of charitable direction to meet the current need.

Senator ANDREWS. But the introduction of commodities, flour, pasta products, cheese, eggs, milk, potatoes, whatever, into those churches that now run a volunteer feeding program would help them maintain those programs, perhaps expand them to a certain degree, but what you are saying is that ours is an imperfect society, as all societies are, and that the response of individuals, will not be able to match the magnitude of the problem unless we continue some of the long-term Federal programs, such as the food stamp program, the WIC program, and the rest.

Reverend KITTLAUS. That is right.

Senator ANDREWS. There are various views, of course, about economics and how public policy should be shaped to strengthen the economy. What can you say from the religious community to help us sort these matters out? How do we correlate the economics of the situation, given the type of outyear mass deficits that we are running into, with the nutritional needs of the unfortunate among us?

Reverend KITTLAUS. The word "economics" comes from the Greek words "ecos nomos" which means the law of the household or the management of the household, and in theological terms and in biblical terms, God sees the whole of creation as the household, and I think the only question that, from the religious aspect, we can ask of policymakers and economists is: Does everyone in the household have what it takes to live and be human?

And as you have described your travel outside of this country and as you have described the difficulty in being able to correlate the need that you have seen there or the need that you have seen in the local churches in Washington that you have visited, the answer to the question, does everyone in the household have what is needed to live and be human, I think the answer is no.

And I do know that the churches now in increasing numbers have established special committees to try to bring theologians and economists together to wrestle with the important economic and value questions that are before the country. I am not clear that any of those have produced results that have come to our task force that I can advocate at this point, but it is clear to us what the question is that needs to be asked and how we need to shape an answer so that we can finally say that everyone in the household, in the world, has what it takes to live and be human.

Senator ANDREWS. Thank you very much, Reverend Kittlaus, for an outstanding statement and for your added remarks. That will be a great help to us.

Reverend KITTLAUS. Thank you very much.

[The following letter was submitted by Rev. Paul Kittlaus in response to written questions from Senator Helms:]

INTERRELIGIOUS TASKFORCE ON U.S. FOOD POLICY,
Washington, D.C., April 14, 1983.

Hon. JESSE HELMS,
Chairman, Committee on Agriculture,
Washington, D.C.

DEAR SENATOR HELMS: We are writing to respond to your questions about our testimony presented on March 14.

1. Evidence we referred to when noting that $3 are saved for every $1 spent on the WIC program:

You are correct in stating that the findings from the Harvard Public Study, "Evaluation of the Effects of WIC Supplemental Feeding on Birth Weight, Hemoglobin, and Hematocrit of Prenatal Patients," pertain to one particular segment of all WIC participants. We understand that the findings concern approximately one-third of all participants, specifically prenatal women who are nutritionally at risk. This is the most important group of WIC participants since the greatest impact of nutrition on a child's development occurs during pregnancy. Malnourished prenatal women are likely to give birth to babies with low birth weight (LBW) and other physical and mental debilities. LBW is the eighth leading cause of death in the US. The WIC program reduces the chances of miscarriage, still birth, LBW babies, and mental retardation and anemia in the child.

2. The administration proposals for fiscal year 1984 we find objectionable:

As we wrote you on February 24, the Taskforce opposes all proposals which would reduce benefits to recipients. Moreover, we are very concerned with the likely affects of the proposals on states and administrative offices. Contrary to the administration's claims that most savings will come from reduced errors, we understand that most would come from benefit cuts and reduced assistance to the states.

On April 12, the Congressional Budget Office released an analysis of the administration's fiscal year 1984 food stamp proposals done for the House Agriculture Subcommittee on Domestic Marketing, Consumer Relations and Nutrition. The analysis shows that 95 percent of the savings from the proposals would come from reducing benefits (48 percent) and shifting costs to the states (47 percent), 62 percent of all food stamp households and 79 percent of those with gross incomes below 50 percent of the poverty line would lose benefits. In addition, over one million elderly and disabled recipients would lose 26 percent of their benefits or approximately $250 a year.

Specifically we oppose the following proposals for the food programs:

The delay in the cost-of-living adjustment in benefits: The administration proposes cost-of-living delays in the Social Security and other programs that were overindexed between 1978 and 1982 when the Consumer Price Index overestimated inflation. Food stamp benefits, however, are tied to increases in the Thrifty Food Plan (TFP); they were not over-indexed. Benefits already are below the cost of the TFP. The delay would mean that food stamp benefits would lag 9–21 months behind the cost of the Thrifty Food Plan. All recipients' ability to afford even the TFP diet would decrease as food prices rise. As you state, the savings are estimated to be less than $100 million. To answer your question, we do believe this is an unreasonable proposal. In light of two years of cuts in this program, the recession and widespread unemployment, recipients—especially the poor and elderly—cannot afford to lose any more benefits. And more people now need and are eligible for food stamps.

Reducing the "earned income deduction": Reducing this deduction would result in fewer benefits for the 1.4 million working poor families receiving food stamps. Some families could lose as much as $230 a year in stamps. This proposal would only discourage participants from working. The separate deduction for part-time workers only complicates administrators' jobs and thus increases the chances of error.

New standard deduction to replace the existing standard and excess shelter deduction: Approximately 4 million households with high shelter costs (i.e., those living in the north) would lose benefits, some as much as $250 a year. The elderly and disabled who receive a higher deduction would lose about $400 a year. This is one of the more punitive proposals in that many families may be faced with a choice between heat and food.

Mandatory workfare: The Taskforce strongly opposes mandatory participation in any workfare program as a precondition for receiving benefits or repaying benefits received in the food stamp program. States already have the option to establish workfare programs. Forcing states to do so means more administrative work and expenses at a time when most face serious budget shortfalls. Mandatory workfare is unlikely to yield $90 million in savings; preliminary cost benefit analyses from the 14 workfare pilot projects indicate that the costs of workfare often outweigh the savings. The Congressional Budget Office reports that there is no evidence that work-

fare is cost-effective or will save the federal government money. Mandatory workfare makes absolutely no sense at a time when most states face double digit unemployment.

New state error rate sanction: Last year, Congress passed legislation requiring states to reduce their error rate to 5 percent by 1985. It is completely unreasonable to require states to reduce that rate to 3 percent or pay the cost of all errors just one year later. Both USDA and CBO project few reductions in states' error rates as a result of this proposal and fewer savings than the administration predicts. "Savings" will come from increased sanctions on the states. This may force some states to reduce other services provided in order to pay those sanctions.

Change the definition of a household: Requiring all those living in the same residence to apply for food stamps as one household discriminates against low-income families who have moved in with others out of economic necessity. This proposal ignores the fact that the families may not be related or share the cost and preparation of food. A poor family who moved in with a family slightly better off would lose some or all of its benefits.

Standardized benefits to AFDC households: We doubt that this would save the $70 million the administration claims since the total amount of food stamp benefits paid to AFDC households would not change. Those AFDC families who receive the largest food stamp benefits—the poorest one—would lose AFDC benefits. Many families would lose benefits in future years since the proposal does not include any formula for an annual adjustment in benefits.

In addition to these proposals, we also oppose all of the administration's proposals for the child nutrition and WIC programs:

The General Nutrition Assistance Block Grant: This block grant would eliminate separate funding for the Child Care Food Program, the School Breakfast Program and the Summer Food Service Program. States would receive 28 percent less funding to operate these programs excluding the transfer of $76 million of CCFP funds for Head Start Centers to the Health and Human Services budget. Few states have the resources or inclination to continue these programs which serve primarily poor children and are critical for low-income working parents. Consequently, some states and localities may reduce or terminate these food assistance services, leaving children without some meals during the day.

A six-month delay in reimbursement update in the School Lunch and Special Milk Programs: the delay would have a drastic impact on programs in the low-income areas where the federal reimbursement for free lunches is the greatest. This obviously discriminates against those schools with the greatest number of poor children. The School Lunch Program would lose $66 million in fiscal year 1984 and more in future years as a result of the permanent restructuring. It is not unlikely that some schools may reconsider continuing the program. Others may be forced to raise the meal price, precluding many poor children from affording the meal.

Raising the price of school lunches to near poor children: This proposal would mean that reduced-price meals, now capped by law at 40¢ a meal, would rise in proportion to inflation. This permament charge would have a harsh impact on the unemployed. Many children of newly unemployed parents now qualify for reduced-price lunches, but cannot afford to pay the 40¢ charge.

Requiring families to apply for free and reduced price lunches through food stamp offices: Millions of children receiving lunches do not come from families receiving food stamps. This proposal makes the School Lunch Program appear to be a "welfare" program and thus may discourage eligible families from applying. Furthermore, food stamp offices cannot handle any more administrative burdens such as verifying school lunch applications. Many administrative offices have reduced or placed a freeze on hiring.

Freezing WIC at the fiscal year 1983 level: This would mean that approximately 115,000 fewer women and children who receive assistance since benefits would be frozen while food prices rise. The CBO projects a 5 percent increase in food prices in fiscal year 1984. In light of the recession, more women and children now need this assistance. Cutting this very cost-effective program is likely to mean greater special education and health costs in the future.

3. Which budget reductions we feel have caused the circumstances we describe and which should be restored.

Since 1981, Congress has cut the Food Stamp Program by over $2 billion a year primarily by reducing the earned income deductions, delay the COLA in the TFP, lowering the benefit level to 1 percent below the TFP, lowering the income limit three times in three years, freezing the standard and excess shelter and child care deductions, prorating and rounding down benefits, restricting the household definition and extending the expedited service deadline.

Cuts of $1.5 billion in the child nutrition programs were accomplished by lowering the eligibility limits for school meals, reducing the federal subsidies for meals, eliminating private nonprofit sponsors from the Summer Food Program, and by excluding some children from CCFP and reducing the number of meals.

As a result, approximately one million food stamp recipients have been eliminated from the program; almost all of the other recipients now receive fewer benefits; over 3 million children and 1,700 schools have left the School Lunch Program; 500,000 children have been eliminated from the Summer Food Program; and there are 500,000 fewer children in the School Breakfast Program. Cuts in the Child Care Food and Special Milk Programs also have resulted in less food assistance for children, especially those from low-income families. These budget reductions, combined with others in related income maintenance programs such as AFDC, have caused the suffering to which we refer in our testimony.

The Taskforce urges Congress to restore funds to the Food Stamp Program to meet the growing need for this assistance and to correct the problem of inadequate current benefit levels. Specifically, Congress should restore $900 million to the program to bring it to the fiscal year 1984 authorization level, and to restore the earned income deductions, income limit, household definition, and expedited service deadline to the pre-1982 levels. In terms of the child nutrition programs, we recommend that Congress restore all of the budget cuts and program changes made in 1981.

4. The information suggesting that the WIC program serves only 25 percent of those eligible.

This information comes from USDA data based on the Current Population Survey and the National Center on Health Statistics. In 1981, approximately 9.7 million women and children were eligible, and USDA predicted that number to rise by at least 10 percent a year thereafter. Given that the current caseload is about 2.4 million, that means only about one-quarter to one-third of the eligible population is being served. Final 1982 and 1983 statistics are not available now. Most WIC offices have long waiting lists, and many localities still lack a WIC program.

5. The information supporting the importance of the infant mortality rate as an indicator of the general health of the community.

The infant mortality rate (IMR) indicates the number of infants per 1,000 live births who die in their first year. The IMR has declined steadily in the last few decades, especially when Medicaid, WIC and other health programs were enacted. The IMR is recognized throughout the world as a general indicator of the health status of a community. It has been considered as such over a long period of time. A number of states, including Michigan, Ohio, Alabama, Kansas, and Rhode Island now report an increase in the IMR. Historically, there's a clear relationship between times of economic recession and increases in the IMR. We also believe that a correlation exists between that increase and the budget cuts in health and nutrition programs.

6. We answered the question about verification of eligibility for school lunches in our response to question number 2.

We appreciate your interest in our testimony and hope this letter adequately answers your questions. We would be happy to work with your staff in the future in designing and evaluating proposals for the domestic food assistance programs.

Sincerely,

PAUL KITTLAUS, *Chair.*

Senator ANDREWS. Our next witnesses are Barbara Howell and Janice Patty from Bread for the World, based here in Washington, D.C.

Nice to have you here. Let me again extend to you the same offer we gave the other individuals who were so kind as to come and testify, that your statement will be included in full as if given word for word in the record. You can summarize it or proceed in whatever fashion you think would be the best to give us the basics in this record that we will have to do the things that need to be done.

STATEMENTS OF BARBARA HOWELL AND JANICE PATTY, BREAD FOR THE WORLD

Ms. HOWELL. Thank you, Senator.

Janice Patty and I are very pleased to be able to come before this subcommittee to testify on behalf of Bread for the World.[1]

Bread for the World is a Christian citizens' movement of about 43,000 members in local chapters throughout the country. We have close ties with various religious organizations.

Many of our members are involved not only in supporting public policies that help hungry people, but also in activating their local churches to directly aid needy people in their communities.

In recent months the Bread for the World national office has received increasing numbers of reports of dramatic increases in the need for direct assistance, as we have been hearing about from witness after witness this morning—changes in the kinds of people who are needing service. Many more families now are requesting aid.

We have been hearing of increased contributions from the churches, which nonetheless have not been able to keep up with the increased needs.

Our concern at the sharp reductions in the Federal Government's support for food programs in the past few years, just when the economy was forcing increasing numbers of people to resort to the various "hit or miss" local efforts to provide emergency food, has led us this year to ask congregations throughout the country to write Members of Congress supporting the preventing hunger at home resolutions.

You referred to that resolution, Senate Congressional Resolution 6, in your opening statement, Senator Andrews, and it expresses the sense of Congress that a reduction in the Federal Government's commitment to provide adequate nutrition to the needy would cause increasing hardship and hunger to those least able to survive in our society.

In introducing the resolution, Senator Boschwitz said, "In the face of a sluggish economy and high unemployment, it is particularly urgent that we provide reassurance to those who are depending on nutrition programs to help them through these tough economic times. Congress is committed to providing adequate nutrition assistance to the needy."

At this time half of the Members of the Senate, including you, Senator Andrews, and other members of this Agriculture Committee, have indicated their commitment to Federal food programs by cosponsoring the resolution, and we expect this commitment to translate into budget votes that will give priority to Federal food programs this year.

I have been delighted to hear in the testimony of Dr. Mayer, Nancy Amidei, of the importance they give to nutrition surveillance so that we can know the problem of hunger in this country and be able to respond effectively with our various nutrition programs.

This need for nutritional surveillance, I know, has been called for since the late 1960's in the White House Conference on Hunger. In early testimony before the Senate Select Committee on Nutrition and Human Needs, I recall Senator George McGovern said that we knew more about the problems of hunger overseas than we

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[1] See p. 145 for the prepared statement of Ms. Patty.

knew in our own country. Yet until this time, Congress and the executive branch have not seen fit to give priority to what we feel is a very important thing: knowing the nutritional status of our population, particularly those most vulnerable, the low-income people, elderly, and children.

Bread for the World urged Congress a couple of years ago to provide some funds to experiment with some pilot programs on nutrition monitoring. These are being conducted in a very abbreviated form by the USDA currently, and we would support that effort; but we believe a larger effort is also needed to try to get in place an ongoing system that we can use not only to prepare for the problems of hunger, but also to be able to direct our nutrition programs to areas and people who need it most.

In order to inform ourselves as local citizens and members of Bread for the World of the extent to which Federal programs are or are not able to meet the need for food assistance, Bread for the World has called on local groups this year to conduct hunger watch surveys of their local communities.

Janice Patty is here from Raleigh, N.C., and she will tell you some of the results of the surveys that her group did in Raleigh in just a few moments.

Her report and those of many other groups have led us to take a strong stand on attempting to increase the Federal Government's funds for the existing food programs this year.

I would like to mention three: WIC, food stamps, and child nutrition. WIC, as everyone is aware, is an outstanding example of the importance of the Federal efforts to improve the nutrition and health of the Nation's needy mothers and children. Yet fewer than one in four of the WIC eligible mothers and young children are currently receiving WIC's nutritious supplemental foods.

A hunger watch report from Pittsburgh, Pa., shows that a local WIC program was forced to cut back from seven to five nutritionists and to cut back on its program participation by 2,000 women and children last year. The WIC director there reported that the cuts were not a result of budget cuts, but rather, the result of inflation and not enough money to keep up with inflation. The reduction of nutritionists was especially important, noted the report, in light of a recurrent comment from the WIC participants that they wanted more nutrition education.

The House of Representatives has passed a bill to add $100 million to the WIC program this year. The Senate is also expected to approve that amount in supplemental funding, thus allowing approximately 300,000 additional people on waiting lists at clinics throughout the country to receive the program's benefits.

Bread for the World supports this supplemental funding this year and recommends an increase of fiscal year 1984 WIC funds to $1.325 billion so that the same case level can be maintained. We hope in future years Congress will see fit to provide benefits to all eligible women and children, and thus add immeasurably to the future health and well-being and productivity of the citizens in this country.

As has been mentioned earlier, the food stamp program is especially important to children, as well as to many unemployed people for whom this may be the only Federal benefit program for which

they can apply. A hunger watch project in San Angelo, Tex., demonstrated that the food stamp program is not responding to difficult economic conditions as rapidly as is needed. By comparing the increased numbers of households applying for food stamp assistance between September 1981 and December 1982 with the case load figures for the same period, a curious relationship between the two became apparent.

While the number of applications for assistance jumped 57.5 percent in region IV of the State, the case load increased only 1 percent. While the number of applications received statewide rose 48 percent, the case load increased only 11 percent.

Patterns charted for the same period also show a dramatic increase in food stamp applications, without similar increases in the case loads.

We feel that the present proposed cut of $1 billion from fiscal year 1984 is totally uncalled for. Congressional Budget Office report prepared for the Senate Appropriations Committee states that most of the legislative savings would be achieved by reducing food stamp benefits to participating households. These benefits currently are much too small, based on a thrifty food plan that already is out of date many months at some times of the year in keeping up with food cost inflation.

We would urge Members of Congress to look realistically at poor families actual resources available to provide for daily food needs and adjust their thrifty food plan benefits accordingly.

The child nutrition programs, we feel, should not have any further cuts, and particularly ones that have been proposed by the administration, such as the 28-percent reduction in the funding for school breakfast, child care feeding programs, and the summer feeding programs.

We would also support a restoration of some of the previous cuts to the programs, and especially point to the need to restore reduced price meal eligibility to 195 percent of poverty.

Finally I would like to mention the use of surplus agricultural commodities to meet the emergency needs in the United States. We would support use of these commodities, recognizing that they do add important nutrients to the diets of hungry people in times of high unemployment and poor economic conditions.

However, the commodities are not an adequate substitute, as everyone recognizes, I think, for the existing food programs, and they should not be looked at with that potential.

We would oppose any attempt to replace the food programs with a greatly increased commodity distribution program.

Commodities are already used in some programs, such as the school meals and elderly feeding and food distribution on Indian reservations. We would support the extension of use of bonus commodities provided to these programs as long as there was not the reduction in the normal commodity allotments or normal cash expenditures for these programs because of the donation.

Senator ANDREWS. Thank you.

Janice.

Ms. PATTY. Thank you for the chance to be here today.

I am a member of Bread for the World in Raleigh, N.C., and will speak to a survey that our local group did to assess the effect the

budget cuts were having on programs, both public and private, in that area.

To gage the impact of budget cuts on these food programs, we interviewed administrators and recipients of the Federal food programs, and in addition, because the Federal efforts have had an impact on private and volunteer efforts, such as soup kitchens and food pantries, leaders of private relief agencies were also interviewed.

Our survey was not meant to be exhaustive. We concentrated on the major volunteer programs. We could not cover them all, nor did we use strict scientific research techniques.

Our objective in conducting the study was to determine the human impact of nutrition program changes so that we, as citizens, could be better informed in our support of antihunger efforts in Wake County.

Our survey confirmed that the Federal nutrition programs helped to fill a genuine and growing need, and that is the need to insure an adequate diet for every person in the county. The Federal budget cuts are being felt in Wake County.

Experiences of private volutary organizations are most revealing of the scope of nutritional needs in Wake County. The private groups are responding and doing their best to try to fill in the gaps, but are facing a growing population in need that may soon outstrip already strapped budgets.

At the very least, nonprofit organizations will require an enormous increase in charitable giving, an increase that thus far has not materialized.

Ironically, the swelling ranks of Wake County's hungry and poor occurs against the backdrop of a generally very healthy local economy. Unemployment in Wake County stands at approximately one-half of the national rate. The figures of September 1982 were 4.9 percent.

Still, people in our county who have never been poor before are seeking food aid.

I would like to highlight some examples which we uncovered in our interviews with program administrators and program recipients.

Miriam Peterson, director of the Wake County WIC program, told us that the WIC program in Wake County is currently running at capacity, funded to serve 2,250 people at the time of the interview. She stated that they hoped to expand to serve 2,500 people soon.

However, even this increase would not come close to serving all eligible people in Wake County. In January 1982, there were 4,681 people in the county known to be eligible for WIC. This need is impacted by the fact of the rising infant mortality rate in Wake County.

If the administration's proposal to freeze WIC funding at the fiscal year 1983 level is carried out, many of the women and children currently being served will be forced off the program for lack of funds.

The school lunch and breakfast program also provides important services to children in Wake County. Participation in the programs, however, dropped by 13 percent between March of 1981 and

1982 in North Carolina. School breakfast participation in our region dropped by 22 percent.

In general, the rural and smaller school systems have suffered disproportionately. Although exact numbers change from month to month, it appears that more than 2,000 students no longer receive free or reduced price lunches. About 1,000 students no longer receive free or reduced price breakfast. This change is especially significant considering the low income target population of the breakfast program.

The child care feeding program in North Carolina served 19,000 meals to children every day last year. Cutbacks in funding, coupled with rising unemployment among mothers, drops in enrollment, cuts from social services in the child care feeding program have forced some child care centers to reduce services, to close or face rising tuition fees. Consequently, many families have been forced to remove their children from day care.

A major concern of those we interviewed was whether those children now outside of day care are being adequately fed. Directors of the local child care centers whom we interviewed agreed on the great impact their center's food programs have had in the community. For a great many children the only balanced meals they get come from the centers.

According to one director, Doreen Debnam, the feeding program far outweighs any other aspect of her center's work in terms of impact. Undernourished children who come into her center are examined by a physician and placed on a special diet. She tells of several young children who showed significant improvement not only physicially, but also in terms of emotion and social development once they came under her nutrition program.

Like the Nation as a whole, Wake County experienced reductions in the food stamp program. Figures provided by the local office indicated the drop in food stamp recipients in our county. It is pointed out that the drop occurred at a time when an increase in participants would be expected. In fact, Jody Powell, the food stamp eligibility supervisor, stated that more families are seeking but not necessarily receiving assistance.

In Wake County we have a mighty force of volunteer services which work together through the Capital Area Food Coalition and jointly receive food from the local food banks. However, the strain on these agencies is such that they are operating literally from month to month on the budgets that they have.

A few examples of their dilemmas: Helen Yancey, director of the Salvation Army facility in Raleigh, has seen a sharp increase in people needing help. By the end of July of last year, her 1982 food budget had already been spent.

Other assistance, such as need of help with utility bills, was being sacrificed in order to continue to help with food.

She also reported there has been a large increase of people who have come to the capital city expecting to find jobs, but lacking necessary skills are stranded in Raleigh without money. Many of these people have never had to ask for help before, but are victims of the poor economy and high unemployment.

Ms. Yancey indicated that the tightening of the eligibility requirements for food stamps has made it harder for some families to

survive without additional help. Some run out of food every month; others seek help only once or twice.

A typical example of a family served by this agency is the mother of four who manages to support herself and her children on her earnings as a mill worker. When the mill closed, she was left without a job, without any way to feed her children. There is a 45-day waiting period before a family can begin to receive food stamps.

The Salvation Army helped her through this period. Since October of 1981, the Raleigh Rescue Mission has also seen a dramatic increase in the number of indigent people coming in for a daily meal. Reverend Prichard emphasized that high unemployment is increasing the number who come in for help. Many of his clients are not eligible for unemployment compensation, since they depend on day labor and part-time jobs.

Increased numbers needing assistance are straining the budget at the Rescue Mission. There are unpaid bills, and at the same time, charitable giving has decreased.

The Shepherd's Table, a soup kitchen in downtown Raleigh, has increased the number of meals they serve. I will note here that in our testimony there is a mistake. It says a daily increase. It should be a monthly increase from 1,504 in October of 1980 to 2,637 in August of 1982, a 60-percent increase. Only 10 percent of that increase came before October of 1981, when many of the changes in Federal food programs were being put into effect.

Our hunger watch survey highlighted the complexity of the hunger problem in our country. In our Nation, there are those who are hungry, are those without job or educational opportunities. Hunger stems from lack of resources.

The problems of inadequate housing and hunger are definitely linked.

Wake County's poor lack equal access to competitive food markets. Local stores in poor neighborhoods that we surveyed often offer less selection at higher prices.

The rural poor are particularly hard hit since aid available from private and Government sources tends to concentrate in urban areas.

Those who feel the effects of hunger and malnutrition are relatively powerless: the elderly, the children, the disabled, the poor.

The problems that lead to hunger and malnutrition will not be solved by an economic recovery. The problems of migrant workers marginally employed and unemployed people will remain.

The cuts in food and other social programs, coupled with the economic recession, place a double burden on our poor citizens. The people who suffer most from the economic conditions are the same ones who turn to our Government's food programs, only to find a reduced Federal commitment.

Faced with the reality of hunger and malnutrition in Wake County, it is important for citizens and leaders alike to reevaluate the current administration's philosophy concerning feeding our Nation's needy people. Assuring all Americans of access to a nutritionally adequate diet is the intelligent and loving thing to

Senator ANDREWS. We appreciate very much the work you both done to identify hunger.

What do you believe the Federal Government should be doing that it is not doing? You have made the case well for not having the cuts in the ongoing programs, but what do you believe the Federal Government should be doing that it is not doing in that regard? What new innovative approaches might you have in mind to suggest in Bread for the World? What type of statistical research should we do to identify more closely the problem?

Do you have any suggestions along that line?

Ms. HOWELL. Well, as I mentioned earlier, our concern about the setting up of an ongoing nutrition surveillance system should be given priority. We know the great problems in doing that, but I think Dr. Mayer's suggestions are good ones. We might target some particularly vulnerable groups and move forward with monitoring of hunger in that manner. I think that would be very important.

Senator ANDREWS. Do you feel as Dr. Mayer does that this should be concentrated in the Department of Agriculture?

Ms. HOWELL. I think wherever it can be done most effectively, and I think the Department of Agriculture is set up at the moment to be able to do that best, though I have no particular expertise in saying that they would over the Department of Health and Human Services.

Senator ANDREWS. What is Bread for the World's position on the various commodity distribution bills that are being considered in Congress?

Ms. HOWELL. We feel it is very important to have Federal Government money to distribute these commodities.

One of the problems that we have, particularly with Senator Dole's bill, is in using the international emergency grain reserve to get wheat which could be processed. We feel that that emergency reserve should remain for its use as a backstop to Public Law 480 in case of crisis overseas, and that instead—and that really does not affect the agriculture surplus situation—that wheat and other commodities should be bought from the surplus stock to be used for processing and distribution.

We do have a concern about how these commodities are going to be able to be used particularly by soup kitchens and smaller groups like that unless there is money provided to distribute them, to refrigerate them, and so forth.

Senator ANDREWS. You will be happy to know that the Dole bill has been reported out of the committee.

The reason that particular supply of wheat, which is normally earmarked for a follow-up for the food-for-peace program, was taken was it was the only category of wheat supply that we could operate a commodity distribution concept out of, and there is language that would require that the Secretary of Agriculture replace the wheat that is taken out of that particular area in a timely and orderly fashion in order to prevent the point you made. We do not want to diminish our capability to follow up the food-for-peace program.

Ms. HOWELL. Right. We think that is the problem.

Senator ANDREWS. So I think that language should hold harmless the concern that you have expressed and allow it to be done without jeopardizing in any way the needs of food distribution in other areas of the world.

The other point that you made, is addressed by the legislation as it emerged from the committee by putting in funding to process the commodities and deliver the commodities to the groups that are operating the nonprofit feeding stations in the churches and the communities. Wheat must not appear as wheat, but as flour, or as pasta products ready to be used. The potatoes come in whatever form they are in. The cheese and the rest come in a form that is identity preserved and ready to be used at the time they have reached the point of distribution.

Refrigeration and the rest, of course, would have to be taken care of at the point of distribution by whatever voluntary organization we have.

So I think the committee was most responsive to the questions that you have raised. I think they are adequately protected in the bill as it now stands, and as mentioned earlier to a prior witness, that it is now a matter of record. It will be discussed by the full Senate, and it might be an amendment to the jobs bill.

At least the intention of the chairman of our committee, Senator Helms, is that because this is a priority matter this bill be given priority attention, and in the leadership meeting last week, when he said he was ready to come to the floor with it. So Senator Helms is moving along with this bill, and it should appear on the floor as soon as the leadership can get it scheduled.

So your input, your suggestions will be most helpful to us. We hope we can get it out soon.

Ms. PATTY. May I add something to your conversation about commodity distribution. As Nancy mentioned, the problem seems to be a lot with the ability of volunteer agencies to house that. We are finding in our county that the use of the food banking network is what we are trying to use that for, and they can distribute it because they have the warehouses and the facilities, and this is growing.

Senator ANDREWS. That is right.

Ms. PATTY. And I think probably one of the most incredible means we have to serve the hungry.

Senator ANDREWS. Well, that is the reason for the subcommittee hearings, to find out from the various organizations what has been working uniquely well. The thrust of S. 17 as reported out of this committee, of course, would make that type of commodity available to any voluntary, nonprofit organization. So whatever you found worked best in your area would be the type of organization that could then get these surplus commodities.

The thinking of the committee, certainly the majority of the committee and I am sure is the thinking of the chairman of the committee—is that these programs run best when they are run by local people. What we are trying to do with S. 17 is to enhance the ability of local volunteer organizations to meet the needs as they perceive them to be in their own community, in their own State, and we think that follows in line with the suggestions that you have made, and we appreciate your contributions this morning.

Ms. HOWELL. We would just point out that I know one of the directors of a food bank said that the pressures that they are under is because of the cuts in the food stamp program that causes a larger number of people, you know, to need emergency food.

Senator ANDREWS. The point has been made quite well not only by you, but by other witnesses this morning that the base programs, the WIC program, food stamp program, and the rest, are the base programs that we want to keep going as a foundation.

The voluntary programs that you described in your statement about North Carolina and that other witnesses have been describing about Detroit or Salt Lake City have sprung up because of the increased need. Given the increased need, the old programs, even at the funding levels that are up from what we had 4 or 5 years ago, are not adequate to handle the present need.

Again, thanks so much for your testimony. It means a good deal to us, and we appreciate taking your time to come today.

[The following letter was submitted by Ms. Howell in response to written questions from Senator Helms:]

BREAD FOR THE WORLD,
Washington, D.C., April 28, 1983.

Senator JESSE HELMS,
Chairman, Senate Agriculture Committee,
Washington, D.C.

DEAR SENATOR HELMS: I apologize for taking so long to respond to your questions about by testimony before the Oversight Subcommittee. I have been out of town. I hope they are still useful to you.

In response to your questions on the WIC program:

We stated that one in four of the eligible mothers and young children are currently receiving WIC benefits. This was stated by Assistant Secretary Mary Jarrett of the Department of Agriculture. As recently as March of this year the Department said that WIC is serving 2.3 million women and children out of an estimated eligible population of 9.1 million.

In our testimony we said that the WIC program in Pittsburgh was cut back due to inflationary costs. The Allegheny County WIC director reported this to our members. In many states, WIC directors respond to proposals in Congress that the program's funding be cut by cautioning local WIC programs to reduce or limit program growth. Presumably it was this perceived threat to WIC funding early in 1982 which led to the reduction in size of the Allegheny County WIC program at that time.

Thifty food plan and inflation:

It is true that for several recent months, food stamp benefits were higher than they would have been if indexing had occurred more recently. This was simply due to the fact that food process unexpectedly went down rather than up for several months. This temporary decrease in food prices is not typical of food price trends generally and is not likely to be repeated very often in the future. Moreover, food prices are now rising again—and food stamp allotments are now once again below the current cost of the thrifty food plan. Benefits are now lower than what they would be if indexing occurred today and was based on the full current cost of the thrifty plan.

As a result of last year's cuts, food stamp allotments are now set 1 percent below the cost of the thrifty food plan. Because food prices fell for a while, the effect of this particular cut was temporarily mitigated for several months. However, in future years, with food prices expected to follow more normal trends, the effect of this cut will be felt more acutely. This means that the full impact on poor households of last year's food stamp cuts has yet to be seen—and that the hardship will be greater next year when food prices rise rather than fall.

I would like to add that the fact that average per person benefits are up a few percentage points in real terms is hardly conforting. The average benefits are up for two reasons, both disturbing:

1. household's incomes have fallen as their incomes were lowered due to budget cuts in other programs (such as AFDC) and due to the recession. When households income falls, food stamp benefits go up.

2. households above 130 percent of the poverty line were also terminated. These families had smaller than average benefits—so when they were cut off the program, this limited the caseload to those with large benefits, which made the overall average benefit go up. Of course, terminating households over 130 percent of poverty did not involve the addition of a single food stamp dollar to the benefits of those households still qualifying.

Federal priorities for nutrition programs:

Bread for the World's primary concerns are for low-income families and children who are those most vulnerable to inadequate nutrition in our country. Therefore, we limited our recommendations in funding for the school lunch program to increasing eligibility for reduced-price meals. However, we are concerned that increasing school meals costs is discouraging more families of all income levels to drop out of the school lunch program. We think it is very important that free and reduced-price meals be available in all schools for children needing that assistance. Therefore, if school food services are no longer economically able to run a program because too many children paying full price drop out, children from poor families would suffer. We also hope that the school lunch program can continue to serve all children and not become only a welfare program, particularly because of the unfortunate stigma children from poor families receiving the free meals at school would have to bear.

I hope that this response to your questions is adequate. I will be glad to answer more fully if you wish.

Sincerely yours,

BARBARA HOWELL, *Issues Analyst.*

[The following letter was submitted by Ms. Patty in response to written questions from Senator Helms:]

RALEIGH AREA BREAD FOR THE WORLD,
Raleigh, N.C., May 27, 1983.

Senator JESSE HELMS,
Senate Office Building,
Washington, D.C.

DEAR SENATOR HELMS: In the March 14th hearing of the Subcommittee on Rural Development, Oversight and Investigations of the Senate Agriculture Committee I presented results from our "Hunger Watch" survey of Wake County. Your March 31st follow-up (attached) requested that we clarify or explore in greater depth some of the survey and hearing. We appreciate your interest. While you had hoped to have this data included in the hearing record we were unable to meet the deadline for response. We apologize for this delay.

You will find your questions addressed in order, as follows:

Question 1. Would you outline what percentage of recipients in Wake County fall into each of the six priority categories? For example, the first priority in the WIC program covers pregnant women, breastfeeding women, and infants determined to be at nutritional risk by a blood test—or some other documented medical condition.

Answer. Priority categories of Wake County WIC recipients. (Statistics for this question and other WIC information provided by Mariam Peterson, Director of the Wake County WIC program.)

32.4 percent: Priority I—pregnant, breast-feeding women and infants with a medical, nutritional need.

18 percent: Priority II—infants (up to 6 months) whose mothers were on WIC during that pregnancy.

33 percent: Priority III—children who have a nutritional medical need.

5.1 percent: Priority IV—pregnant, breast-feeding women and infants who have an inadequate dietary pattern.

9.3 percent: Priority V—children who have an inadequate dietary pattern.

0 percent: Priority VI—postpartum women in nutritional need.

Question 2. What evidence do you have that infant mortality is rising in Wake County?

Answer. Figures from the Statistics Division of the Department of Health Services shows a definite rise in Wake County: 1979, 13.0; 1980, 13.2; 1981, 15.9.

Of the 63 deaths in Wake County last year, 21 were in the county, 42 in Raleigh. A ten to twelve year average study is necessary for determining an average figure and to assess causes, according to E. Marian Rejent, Assistant County Health Director. Miriam Peterson, director of the Wake County WIC Program attributes the rise in infant mortality to the greater influx of non-whites into Wake County.

Question 3. What is the basis or the source for the statement that 4,681 people are eligible for WIC in Wake County, but 2,250 people are now participating?

Answer. The minimum population at risk of 4,681 represents the most current figures made available to local WIC programs through a memo from Mike Hanes, Assistant Branch Head, Nutrition and Dietary Services Branch of the Division of Health Services, Jan. 16, 1981. The accompanying pages give explanation to the methodology behind these statistics. These statistics were prepared by the State Center for Health Statistics, Division of Health Services.

Question 4. I noted that you generally focused on the programs with an income "needs-basis" such as food stamps, but that you also included other nonneeds-based programs like much of the school lunch program. Where should the Federal priorities be in funding these various programs?

Answer. While your "needs" vs. "non-needs" breakdown of food programs has some merit, we do not feel this distinction should be the basis for setting Federal priorities. A strategy to end hunger in the U.S.A. rightfully includes both types of programs.

Question 5. As you may know, the Office of Inspector General completed an audit of the Wake County food stamp program in August of 1982 and concluded that "unreported wages have caused overissuances estimated at $300,000. This amounted to approximately 10 percent of the households participating in the food stamp program. Do you have any comments to the extent that fraudulent participation may be adversely affecting those who are eligible for the food stamp program?

Answer. We think fraudulent participation has an extremely adverse effect on the Food Stamp program and its participants. Fraudulent participation wastes Federal resources; coupled with administrative errors, fraud wastes an estimated 7.8 percent of the Food Stamp budget. The presence of fraud unfairly robs the Food Stamp program of credibility. We affirm the need to address the fraud problem and its causes—whether they be administrative error, applicant error or deliberate deceit. Yet we do not feel that the presence of fraud should be used as an excuse to weaken the entire program and jeopardize that 92.2 percent of the population that benefits.

Enclosed you will find a copy of our "Hunger Watch" report in full, which you may have already seen. This may serve to give greater detail to the testimony in the aforementioned hearing.

Please do not hesitate to contact us if we can be of further assistance.

Sincerely,

JANICE ODOM PATTY.

[Enclosures have been retained in the committee files.]

Senator ANDREWS. Our next witness is John Bode, the Deputy Assistant Secretary, U.S. Department of Agriculture.

Mr. Secretary, it is good to have you here.

Mr. BODE. Thank you, Senator.

Senator ANDREWS. You are the cleanup witness. We are now going to have the Department respond to all of the innovative suggestions and ideas that have come about, and you can tell us now the type of leadership you are going to give us during the next few months to make sure that we have the most constructive, nutritional programs that we can have.

Welcome to the subcommittee. We appreciate your taking the time to come.

STATEMENT OF JOHN BODE, DEPUTY ASSISTANT SECRETARY FOR FOOD AND CONSUMER SERVICES, U.S. DEPARTMENT OF AGRICULTURE, ACCOMPANIED BY ROBERT LEARD

Mr. BODE. Thank you, Senator. I appreciate the opportunity to be here and the opportunity to try to respond to the points you have suggested I address.[1]

With me today is Robert Leard. He is the Acting Administrator of the Food and Nutrition Service, which of course administers the nutrition assistance programs of the Department of Agriculture that have been discussed.

We appreciate your concern for those nutrition assistance programs, Senator. I want to assure you that the Department shares your concern. This administration is strongly concerned about maintaining good nutrition assistance in the United States and we feel we are doing that.

[1] See p. 152 for the prepared statement of Mr. Bode.

I would like to point out at the outset that one of the most rapidly increasing growth rates of all Federal programs over the past several years has taken place in this area. The cost of food assistance programs will have doubled between 1977 and 1983, even with the changes that have been made during this administration. In addition to the $17.5 billion in direct assistance, we are also providing $1.1 billion in our special dairy distribution and bonus commodity donations for a total of nutrition assistance in Federal dollars being dedicated to this effort of $18.6 billion.

Since this administration took office, the cost of Federal food assistance programs has grown by 34 percent. Taking inflation into account, real growth in the program expenditures has risen by 6.7 percent. That is the real rate of growth, figuring in commodities that are being distributed.

There are two basic reasons for that. More people are being served, and also benefits have increased.

Now, to curb the rate of expenditure growth in the child nutrition programs, I do want to address the changes that have taken place. I think there is a tendency to say there have been cuts, there have been changes in the programs, and now there is hunger. I do not think that is as sophisticated an approach to the problem as this committee should take.

It is appropriate to examine what changes have taken place and weigh those. To curb the rate of expenditure growth in the child nutrition programs, we have taken four basic steps to save $1.5 billion, comparing fiscal year 1983 with what fiscal year 1983 expenditures would have been had the changes during this administration not taken place.

First of all, meal subsidies are targeted more heavily now on lower income families. In the school lunch program, there has not been the cut that many people perceive for the children receiving free meals, those children coming from households with income below 130 percent of poverty.

Second, eligibility requirements for free and reduced price meals had been lowered slightly. The free school lunch category was above 130 percent. You may recall that that was adjusted.

Income verification has been increased so that we can be sure that the appropriate subsidy is being provided in the child nutrition programs.

Finally, the fourth point is that lower priority programs, such as purchasing of kitchen equipment and all, have been reduced and nutrition education has been reduced or eliminated.

With the food stamp program, $1.7 billion worth of savings were achieved principally through delayed cost-of-living adjustments, reduced waste, tightened eligibility requirements, and the block grant for Puerto Rico, and of course, reduced errors.

Food stamp costs have increased, nevertheless, nearly 45 percent since 1980, rising from $8.3 billion to $12 billion in 1983. Now, I am excluding Puerto Rico in these numbers I am using, Senator, with respect to the food stamp program because Puerto Rico is, of course, under a block grant now, but taking the Puerto Rico numbers out, since 1980, food stamp costs have gone up from $8.3 billion to $12 billion.

Now, without this administration's program changes in 1981 and 1982, the food stamp program would have grown by 75 percent. The number of food stamp participants has also grown nearly 14 percent from 19.3 million to 22 million during the period that I have talked about, and of course, about 1 in 10 Americans is receiving food stamps.

The per person benefits in the food stamp program are about $42.67 per month for fiscal year 1983. That is a rise of 24 percent from 1980 in nominal terms, and I think it is very important to note that it is also a rise in real terms.

So taking account for inflation, the per person benefits in food stamps have increased by about 4 percent.

The food stamp program, and I would like to just briefly touch on the points of some of our budget proposals, the food stamp program has been under constant modification. The goals of our 1984 food stamp proposal are to streamline and simplify the program so that errors at certification can be reduced. That is where most errors take place; also to revise the error sanction system so that we subsidize, the Federal Government subsidizes, no more than 3 percent of the errors that occur at the State level.

The third point is to improve the work policy in order to encourage employment.

And finally, we would like to curb the rate of benefit growth while minimizing the impact on those most in need of food stamp program support.

Eighty percent of the savings in our food stamp proposal will come about as a result of reduced payments made in error in these expenditures and from increased sanctions to States because of high error, not from reducing recipients' benefits. That is 80 percent of the savings.

In the child nutrition programs, the legislative proposal for fiscal year 1984 was developed with three goals in view. They were to simplify and streamline the program administration, once again; to reduce error and deter fraud; and to curtail the growth rate in benefits.

The Department has developed a proposal which will accomplish these goals while saving $313 million in fiscal year 1984. Seventy-two percent of the savings will come from the establishment of a general nutrition assistance grant funded at $535 million in fiscal year 1984. That grant consolidates the summer feeding program, the breakfast program, and the child care feeding program.

Another 6 percent of the savings will result from the determination of income eligibility for the lunch program by food stamp offices.

The final 22 percent stems from a delay of the cost-of-living adjustment for 6 months and the creation of an independent subsidy for reduced priced meals.

Senator, there are a couple of points made earlier in the hearing that I would like to address.

Senator ANDREWS. That is why we have got you in this position.

Mr. BODE. I appreciate that.

With respect to surveillance of nutrition in the United States, as, I believe, Dr. Mayer, certainly Dr. Brandt pointed out, the national food consumption survey is conducted by the Department of Agri-

culture. Similar to the HANES study, the national food consumption survey in the past has been a study that has been done every 10 or 12 years.

Now, I appreciate your interest in having a much more timely examination or scrutiny of nutrition status in the United States. We are doing a couple of things with respect to the food consumption survey. I would like to send you some information which expands on what I will touch upon briefly.

We are trying to work together with the Department of Health and Human Services on their HANES study so that the national food consumption survey and the HANES data can be meshed together and give us more information.

Senator ANDREWS. Well, when that study comes out, will that be a study based on nutrition as it exists in the 1980's, or is it going to be a study that is giving its facts on what existed during the late 1970's?

Mr. BODE. Senator, the timeliness of the reports on these surveys is not good. We are now publishing or we have only recently published some data that was collected in 1977, 1978.

Senator ANDREWS. I know, and that is the thing that is so frustrating in the years that I have been on the Hill. In the years that I spent on the other side on the subcommittee that funded the Department of Agriculture, it was continually frustrating that the research information we developed at our land grant institutions was able to be communicated to the farmers sometimes 2 and 3 years after the fact.

It was also frustrating that in the Farmers Home Administration, when an individual came in for a loan, they never seemed to be able to process it. This is through various administrations of different political parties. The time gap stayed the same at roughly 100 to 120 days.

So the low-income farmer, the beginning farmer who came in to get a loan processed took the same 100 days after they had been addressing the problem to get his loan processed. In the meantime, the person with the more adequate purse, deeper pockets, as they say, was able to buy that 80 acres or able to buy that quarter section, and the very reason that these programs were set up was denied because action was not contemporaneous with need.

In these surveys we are finding out now that the information we are going to be given on the nutritional needs of America are based on figures that were picked up 5 years ago. In essence, that is what you are telling the committee, is it not?

Mr. BODE. Yes, sir.

Senator ANDREWS. Am I wrong?

Mr. BODE. Let me give a full response to your question.

Senator ANDREWS. But basically what I have said is right; is that correct?

Mr. BODE. Yes, yes. There is a terrible delay in that data. What we are doing is we are shifting. There are two parts of the national food consumption survey. One is the individual intake data. We are shifting that to an annual collection of data, and we are still doing work on that. So I am reluctant to commit to you now that this will happen.

23-551 O - 83 - 6

But we have the capacity to take low income subsets from the individual intake data that will be done on an annual basis, and that will be moving us much closer to providing the sort of responsiveness that you need.

Senator ANDREWS. Well, I appreciate that. Let me say that I am appalled, as I detect you are, that this information is so old by the time it is published. But I am gratified by the fact that you are candid enough to identify the problem, as was pointed out by prior witnesses; and that you are as concerned about it, as I am, and you intend to try to do something about it.

Mr. BODE. We are very concerned, Senator. I am sorry that I am not better prepared to address that issue today. I would like to send you more information on this subject about what we are doing and what problems are remaining.

Senator ANDREWS. Well, that is why I wanted people from the Council of Mayors. I wanted Dr. Mayer who is from Tufts and has been a commission member, might I point out, on various commissions appointed by Republican Presidents.

Mr. BODE. I know.

Senator ANDREWS. And this is not somebody who is throwing rocks at a Republican administration.

The need is there. It is a totally bipartisan type need, and this committee, from our chairman on down, wants to be responsive to the needs as demonstrated by fact, and the fact gathering agencies have to be HHS and the USDA. The Assistant Secretary of Health and Human Services testified that he did have the statistics on live births, but he had no statistics whatsoever about the thriftiness of the new child. He had no statistics whatsoever about the need of nutrition in our inner cities or among our rural poor. He said that is your department, and the statistics that you have now are developing to be 5 years old, if and when they are published 2 or 3 months from now.

Mr. BODE. Well, we have published——

Senator ANDREWS. I share your frustration, and I am gratified that you share my frustration. Where has it been for 5 years? In the bowels of the Department? Why do you shelve it? Why do you warehouse it for so long before you let it see the light of day?

You are not responsible. If it came in 5 years ago, it would be before your time.

Mr. BODE. Yes.

Senator ANDREWS. You are up right here on the Hill trying to get things done.

Mr. BODE. But in the bipartisan spirit, Senator, I think that it was not shelved during this administration or the last. It takes a long time——

Senator ANDREWS. Now, do not tell me that this summary is going to be based on figures you dug out under the Nixon administration. That would be even less timely. I thought we only had a 5-year lag.

Mr. BODE. It does take a good deal of time, as I understand it, to refine this data and get it into a form where it is of use. The information I will provide will more fully explain that.

Senator ANDREWS. That would be most helpful, and Mr. Secretary, as we understand it, a large number of studies and evaluations of food programs have been coming out of USDA recently.

At the December Outlook Conference, a study based on nationwide data was reported that demonstrated that both the school lunch and breakfast programs improved the nutritional intake of children. We understand that a soon to be released system development cooperation study shows the same for the lunch program and shows that the presence of a school breakfast program increases the chance that children will eat breakfast.

Also, it reports that school breakfasts provide more milk-related nutrients than breakfasts eaten elsewhere. Abt Associates has reported that children participating in day care programs, which are part of the child care food program, receive more nutritious lunches than those in programs not participating in the child care food program.

In light of these USDA study results which we have and which are fragmentary, at best, as we have just pointed out, still these are the study results we have. They all point to the need of these programs for the dollar value. I think Dr. Mayer pointed out you get 3 dollars worth of value for every buck you invest in the WIC program. We do not have any figures to deny that. Do you?

Mr. BODE. Well, Senator, that was one of the points I wanted to address. I think Dr. Mayer misused that data, that report.

The 3 dollars savings for every 1 dollar spent applies only to about 25 percent of the WIC population. It is not for every dollar in the WIC program, and a statement that the more we spend in WIC, the more we will save just does not hold up.

The study he refers to only applied to about 25 percent of the WIC population, and those people are in the top WIC priority.

Senator ANDREWS. Well, then, if my mathematics serves me well that I learned some time ago, if 25 percent of the WIC dollars invested return $3 dollars for each $1 invested, if the rest do not return anything, you get a neat push. You get a dollar back for every dollar you invest in the overall program. So that still is not too bad.

So, you know, here we have that type of finding. Then we go to all of these other survey results that we have got around, talking about how it does, in fact, help to have these various programs. Yet this year the budget was cut, the combined budget was cut by $210 million, and it was pointed out that we ought to have a general nutrition assistance block grant with the decreased funding.

Mr. Stockman testified before another committee on which I serve, the Appropriations Committee, and said the reason for the proposed cuts in the child nutrition programs is that there is so much waste, fraud and abuse. He specified the contract feeding which was being done in 1979, and which have been eliminated. I might point out, Mr. Secretary, these have been our programs now for 2 years.

And if they are not working, it is our obligation to clean them up. The testimony that we get is that the need exists out there. The testimony that I have found firsthand when I have taken the time to go down to some of these feeding centers is you go in and sit next to somebody who has worked all his life, then retired, and

the pension plus social security is not enough. If he did not come there to get this meal—he would be in difficult straits.

On the other side of me I had an equally straightforward story of a persons need. The volunteers were good at scrounging. They were good at foraging, and they made some nutritious lunches. For these people, that was their best meal of the day.

Yet, in that kitchen, I was appalled to see as a representative from a farm State not 1 pound of flour, not one bit of pasta products, not one bit. S. 17 as reported out of this committee will do something to alleviate that.

I would think that we would have had, given these reports from the Department, you coming up 7 or 8 months ago saying, look, we perceive this trend emerging, and we think that this type of program would be innovative and most helpful.

Mr. BODE. Senator, you should have been getting some USDA commodities there in the sort of site you described. This year in 1983 we are going to provide over $230 million worth of commodities to those sorts of institutions, charitable institutions. Last year in 1982 we provided $112 million worth. So you can see there is a dramatic increase there.

Senator ANDREWS. Well, you had a bunch of us fooled around this table a couple of weeks ago because we were passing out a piece of legislation designed to put these kinds of commodities into the hands of volunteer, nonprofit organizations because we felt it was not available for them.

Mr. BODE. Let me explain, Senator. Charitable institutions under the definition we are now using includes those nonprofit institutions that are serving meals onsite, and that is the sort of institution I understood you to describe to me.

Senator ANDREWS. That is right.

Mr. BODE. They are eligible for commodities, quite a list of commodities. It depends on the site.

Senator ANDREWS. What commodities? Let's take a church in downtown Washington that is running this kind of a feeding program with church volunteers and whatever. What commodities is that church eligible for?

Mr. BODE. Generally speaking, Senator, cornmeal, flour, macaroni, rolled oats, peanut butter, roasted peanuts, rice, rolled wheat, soybean oil, soybean shortening, spaghetti.

Senator ANDREWS. Where does that church get these products?

Mr. BODE. Here in the District of Columbia, the District of Columbia Commodity Distribution Agent, an employee of the District, is the appropriate contact for that church. That person is in contact with our regional office, and we work pretty hard, I think, as the numbers indicate, at keeping that contact and making sure those commodity distribution agents know what is available.

There are other commodities that have also been made available this year, Senator. I can call to mind the purchase of approximately $32 million worth of other commodities, including grapefruit juice, frozen cherries, canned peaches, canned plums, dried prunes, raisins, turkeys, turkey roasts, frozen catfish, and honey, and of course, we have not mentioned the cheese and butter, the dairy products that are available.

Senator ANDREWS. That is right, and S. 17 expands the list of commodities eligible. It is now largely up to the Secretary's discretion, but what you are telling me is that these are now available in the District of Columbia, and the impression that I got was that these commodities were not readily available. Certainly if they had known they were, they would be getting them and utilizing them.

I am going to have to pay a return visit.

Mr. BODE. Yes, sir.

Senator ANDREWS. To that place and a couple or three others and tell them that this is quite an imposing list of commodities that they have been able to get.

What is the name of the person they call in the District of Columbia? Have you got that or can you provide that for the record?

Mr. BODE. We would be happy to provide it or, if you have the contact, we will be happy to get in touch with them.

[The following information was submitted by Mr. Bode:]

Mr. Julius Jacobs, Director, Food Service Branch, 3535 V Street, NW., Washington, D.C. 20018, 576-7531.

Senator ANDREWS. Well, we will establish that because I have found in the 20 years that I have been in Congress, and I have voted for four or five different farm programs, when I put on my blue jeans and get back out on the farm, that farm bill that I worked on I cannot recognize as my own child out on the farm when I see it come, and I have got a sneaking suspicion that when I am delving into the field of nutrition and commodity programs and hunger that what you tell me, sitting at this table in the Senate Agriculture Committee, and what I find when I get out in the field and talk to the priest or talk to those volunteers in that inner-city church, there may be as much disparity there as there has been in farm programs.

Mr. BODE. I understand, Senator, and I am sure there are some of those disparities that take place just because of communication problems. But I do not want to mislead you, Senator, into thinking that all of these commodities are available at all times in as great a quantity as a charitable institution can receive them.

They come on and off the list, dependent upon market conditions, and you are familiar with that, sir.

Senator ANDREWS. Well, sure, but then that brings the followup question to the list of commodities that you rattled off. I would assume listening to that that list of commodities is available today to that church or volunteer feeding organization in the inner cities. Am I wrong in assuming that? You say now they come on and off the list.

Mr. BODE. Sir, our contact is the State distributing agent, the commodity distributing agent. That person certainly has the list. He has the list of the day.

The first group of commodities I referred to is much more of a standing list that remains quite stable. The latter group, when we get into section 32 type commodities, fruits and vegetables, meat and poultry commodities, those are available less frequently.

Senator ANDREWS. Occasionally, as I understand it.

Mr. BODE. Yes.

Senator ANDREWS. And I interpreted that, but the first list, which is a rather generous list, which had macaroni products and flour and the cheese and a host of other things was there, and I did not detect that when I went downtown.

Mr. BODE. I share your frustration, Senator.

Senator ANDREWS. I will look a little closer next time when we go down.

Now, I also understand that you have got a cap figure of $42.67 per month per person on food stamps. Can that feed a person for a month the nutritious——

Mr. BODE. Sir, that is the average benefit. The $42.67, that is the average benefit. Now, as you know, Senator, food stamp benefits depend on the household's income.

Senator ANDREWS. That is right.

Mr. BODE. Households with significant income, say, their income puts them just below 130 percent of the poverty level, receive small food stamp allotments. Those with little or no income receive the maximum food stamp allotment.

Senator ANDREWS. What is the maximum food stamp allotment?

Mr. BODE. That is $253 a month for a family of four.

Senator ANDREWS. So that is about $60 per month.

Mr. BODE. No, $253 per month.

Senator ANDREWS. $60 per person for a family of four.

Mr. BODE. A little over that, yes, sir.

Senator ANDREWS. And that, your nutritionists have determined, can result in a nutritionally sound diet?

Mr. BODE. Senator, they have done work for many years, spanned several administrations, on a thrifty food plan, which is the cost of a low cost planned diet expenditure level for a family.

Right now, based on the cost of food—and you know what market prices have been—the current cost is $250. So it is actually a little less than the value of the thrifty food plan used in the food stamp program right now. That is an isolated phenomenon, and I would not want to lead you to believe that food stamp benefits always outstrip the cost of food, but at the present time that is the comparison.

Senator ANDREWS. When we look at the 10-percent errors in food stamps, how much of this error rate is fraud?

Mr. BODE. Senator, I, for one, believe there is much more fraud and abuse and waste in the food stamp program than in Congress.

Senator ANDREWS. We are delighted to hear that.

Mr. BODE. Despite what one of the earlier witnesses thought, there is about—it is difficult to say, sir, with real positive numbers—but in excess of 10 percent. We have a misexpenditure problem.

Mr. Leard, why don't you go ahead and address that?

Mr. LEARD. Senator, in recent figures, we are running at about a 12-percent error rate. About 2 percent of that is underissuance, where the recipient comes in and he fails to correctly—for somebody who gives information that we do not give him enough of aid and benefit. That would not be called fraud. I think that would be a mistake.

The rest of it, though, the other 10 percent, is equally divided between overissuance and misissuance, where somebody either over-

stated what their assets were or they failed to do it for some reason.

Senator ANDREWS. Is part of it coming about because we have been changing the food stamp rules each year, and the disbursing organization out in the field is so darned confused that they run into some errors?

Mr. LEARD. If I might put it a little differently, Senator, I would say that part of the problem is the fact that as this program has increased in size and become more sophisticated, and we have seen more sophisticated ways to get around it, we have put band-aids here and band-aids there, and we have a very, very complicated process that the welfare worker must go through in terms of computations, and this has, in turn, caused problems for the welfare worker.

They are obviously overworked. They have a lot of caseload to get through each day, and this is one of the reasons that we are trying to simplify the program, to give them the ease and to eliminate certain categories so that they can focus their efforts on the cases where we know, through our profiling, are the most likely place where errors will be.

Mr. BODE. Sir?

Senator ANDREWS. Yes.

Mr. BODE. That is what our budget proposals for the food stamp program address. They are an effort to significantly simplify the food stamp certification process so that those case workers do not have to go through so many computations, figure so many deductions in determining whether a household is, first, of course, eligible, but the benefit levels of that household.

Senator ANDREWS. Could we have some type of food stamp provision as we see, for instance, in traveler's checks? You get a book of traveler's checks and you sign them off as you cash them in, and that means that someone who is dealing in fraud really cannot deal in fraud unless he is forging some signatures. Is that something you can take a look at in food stamps to avoid the racketeering that we hear of, of the individual getting $50,000 worth of food stamps illegally by some machination or another?

Mr. LEARD. Of course, right now food stamps are considered legal tender, and we are looking at ways to make them more of a check, as you talk about. The problem here always is the issue of change because somebody comes in with a large denomination, a $20 food stamp, and buy $5 worth of goods. You have to return $15 to them, and the process now is to return it in change up to 99 cents and then give them food stamps back to be reused for the rest of the change.

We are looking at two types of systems, and we are currently just going out with a request for proposal and will be having demo projects in the next couple of years. One issue is to look at what we are calling some kind of a paper system where we work around the issue of the change system and issue them a food stamp that becomes a check, and it is processed like a check at the bank. So this will entail computer systems, and it will be highly sophisticated, and we believe that there are ways to do this and become a checking system.

The other system, which is definitely further down the road and possibly the future of food stamps, is the electronic food system whereby you have the welfare office, the bank and the retailer hooked in electronically. The recipient goes into the welfare office, and when they are certified, the amount of benefits are certified. That is electronically telegraphed to the bank. The recipient then goes into the food store and buys so many goods, and the retailer then telegraphs that or puts that into the machine, and it goes to the bank and is debited from the food stamp recipient's account and credited to the banker's account. This is quite a ways down the line.

There are a number of companies though that believe that this is possible.

Senator ANDREWS. Given the problems that my colleague from Kansas, who is a member of this committee, in his position as chairman of the Finance Committee, is having at this moment with banks programing their computers to take care of the withholding, how in the dickens are we going to get banks to program their computers to run this kind of a food stamp program? You have looked into that though, and you think it is a possibility for down the line?

Mr. BODE. Sir, we have had a number of companies come to us and say that they have this capability. We are in the process of going out on some demonstration projects. Of course, we are going to do this on a much smaller scale. We have to, so we have to get a very limited geographical area where we can see just how this works.

We are not saying that it is going to work, but we want to see it.

Senator ANDREWS. But it is just one of the possibilities that you are looking into?

Mr. BODE. Yes, sir.

Senator ANDREWS. In line with what you said about this being an adequate amount, this $240 roughly for a family of four, how do you respond to the information that has been coming to us from these feeding centers in the various areas who claim that there is a big rush on them during the last 10 days of the month because the food stamp recipients simply do not have enough food stamps to adequately feed their family, and they have to run toward the feeding center during the last 10 days of the month?

Mr. LEARD. Senator, we can suggest one thing. The thrifty food plan, of course, which is the basis by which we adjust the amount the recipient gets is done every 6 months and is based also on what we see as the cost of food.

As a matter of fact, right now, based on our best knowledge, the thrifty plan of $253, if it had been adjusted this past December, would have, in fact, dropped to about $251 because we are seeing somewhat of a leveling off of food costs.

To get to your specific question, sir, we do feel that the amount that people are getting is staying equal, if not just a little ahead, of the cost of food. I think probably where we are seeing a problem is we are getting a new group of people on the food stamp program perhaps, and this new population, some of the recently unemployed, are not used to it. Perhaps they are used to a little more luxury in the food they eat. The thrifty food plan is just what it

says. It is a nutritious diet for a month, but it is thrifty, and I think perhaps one of the things we are doing is talking to people and trying to tell them how to buy in the food stores and get the most for their dollar.

It is obvious that in this kind of program there are many shortcuts you can take and many ways to get nutrition.

Mr. BODE. I would like to agree with the points Bob has made, but I think also there is some misunderstanding of the food stamp program. As you know, the purchase requirement in the food stamp program was repealed in 1977. Some people unfortunately are under the impression that the food stamps they receive, even if they have significant other incomes, are supposed to fully meet their food expenditure needs, but that is not the case.

As you know, the program works in a way that reduces food stamp allotments after calculations are made by approximately 30 percent of other income.

Senator ANDREWS. Earlier today prior witnesses talked about the importance of proper education, an extension service if you would have it on nutrition among the people in this country and how effective that would be. You have completed, I understand, the evaluation on nutrition educational training programs and as have some States, and all have shown that the program is effective.

We understand that the Department has now suggested that this Net program should be ended based on your belief that it is and was set up to do curriculum development only, which according to USDA has been completed. However, our reading of the statute reveals something quite different. We see nowhere a description of Net as a pilot program.

On the contrary, it was envisioned by some of us in Congress as an ongoing program to develop and coordinate nutrition education activities in the States, which goes far beyond the development of a curriculum.

Based on Net's success, based on the testimony earlier today, based on its broad purposes, how can the Department defend the proposal to end this type of informational program?

Mr. BODE. Well, Senator, we did not read the statute as providing a pilot program, but instead, a program that is designed to set up and establish the nutrition education curriculum, and that has been done, and with that curriculum established, given the current Federal budget deficits that you know about more than any of us, we determined that it was not a high priority to continue Federal funding of this State nutrition education activity, and we feel that this education activity is more appropriately funded at the State and local levels.

Senator ANDREWS. Of course, we look on it, and maybe that is where the error comes, but we look on it, and we thought that you in the Department of Agriculture would look on it the same way, as a correlation to the Extension Service where we take the work that is being done in our experiment stations and the rest in the production of food, and bring it out to the farmer who is the producer.

Without the Extension Service, we would not be getting nearly as much value out of what the experiment stations do, because,

unless this information is taken when it is current, and share it, it does little good.

Similarly, we are beginning to set up several nutrition labs, human nutrition labs, in the Department of Agriculture, one in North Dakota, one at Tufts, another one eventually down at Baylor. It would be my hope, and I think it was the Congress' intent, that the information that we are gleaning from those research centers, plus other resources available to us, would be the information that was shared through this Net program with the consumers, to help them to make the wise choices on a nourishing diet, and save money down the line.

Mr. BODE. Senator, there is a tremendous amount of work being done now in the nutrition area by the Extension Service, and I would be pleased to provide numbers and stat year projections and all.

Senator ANDREWS. Well, then there is nothing to say that the Extension Service cannot be, to a certain extent, the distributor of this nutrition information. The Extension Service works uniquely well and primarily in the rural, small town areas, and the congregation of the largest food consumers are in the urban areas where the Extension Service simply does not have a presence to the degree that they could do a good job of disbursing this kind of information. Am I wrong about that?

Mr. BODE. I was surprised to learn, Senator, of the advance stage of development of the Extension Service in metropolitan areas. I was surprised to learn how much extension activity there is in the metropolitan areas.

The Net program, on the other hand, is more directed to school education activities, and less so with the general public and groups outside of the schools.

Would you like to add something to that, Bob?

Mr. LEARD. If I may, Senator, we have not abdicated our responsibility for nutritional assistance. We have a division in the nutrition service that still does this and provides many publications that are put together and go out around the United States concerning nutrition, and we geared some of our work specifically toward minorities.

I can tell you of two.

Senator ANDREWS. Well, why don't you provide for the record what your level of effort is in this field, how it compares with the level of effort in the disbursement of this kind of information the past several years so we have some kind of feel for how it goes.

Mr. LEARD. I will be glad to.

[The following material was subsequently submitted by Mr. Leard:]

The following publications on nutrition and nutrition education are available from the Food and Nutrition Service. In addition, several new technical assistance materials are now being developed and will be issued this fiscal year.

How WIC Helps: Eating for you and your Baby (also available in Spanish)—Tells pregnant and breastfeeding women about the WIC Program. Describes the WIC foods available to these categories of program participants, discusses the major nutrients provided by each of the foods and how the body uses the nutrients, and prescribes amounts of the four basic food groups to be consumed each day. Recipes and snack ideas using the various WIC foods are included to reinforce and expand the nutrition education aspect of the publication.

The Idea Book: Sharing Nutrition Education Experiences—Contains nutrition education ideas and approaches that have been gleaned from WIC projects throughout the country. The methods described are some of the most creative ones or are typical of those in common use.

Reaching Out To the Pregnant Teenager—A collection of resource materials coordinated through a joint public/private effort involving the U.S. Department of Agriculture, the U.S. Department of Health and Human Services, and the March of Dimes Birth Defects Foundation. Designed to assist health programs, food assistance programs, and other related programs to tailor their nutrition education services to the special needs, interests, and lifestyles of pregnant teenagers.

Southeast Asian American Fact Sheets—A series of informational fact sheets designed to help WIC and CSFP staff to better understand the particular needs of Southeast Asian refugees. Topics included in the series include nutrition status, food habits, communication tips, and ways to introduce WIC foods. Sources of information and an annotated bibliography of translated materials are also included.

What Shall I Feed My Baby?—An infant feeding guide for WIC and CSFP participants. Serves as an aid for pregnant women and mothers in understanding important facts on breastfeeding, how to prepare infant formula, how to make baby food, and how to tell a baby is ready to drink from a cup or eat from a spoon.

Eating For Better Health—A collection of breakfast, lunch, dinner, snack, and low-calorie menus and recipes that are low-cost and easy to prepare. Prepared for food stamp recipients nationwide.

Cooking for 1 or 2—Contains tips on planning and preparing meals for one or two and recipes that are low-cost and easy to prepare. Serves as an aid for food stamp recipients, particularly the elderly.

Search for Nutrition—This is a slide-tape presentation that is directed toward the Indian food assistance program participant, it contrasts the previous need for physical exertion in obtaining food in the old days with the modern ease of selecting food from the shelf. It also features the relationships between food consumption, lifestyle, and disease; and a discussion of the five food groups and their key nutrients.

Promoting Breastfeeding: A Guide for Health Professionals Working in the WIC and CSF Programs—This is a technical assistance manual that will be distributed to WIC and CSF State agencies in the Spring of 1983. It contains background information on benefits of breastfeeding, trends in breastfeeding among low-income groups, factors influencing the decision to breastfeed, and nutritional requirements of breastfeeding women. It also contains information on how to implement a promotion effort, including approaches to breastfeeding education for program participants and health personnel, support systems for breastfeeding women, and evaluating breastfeeding promotion efforts. The guide also contains sample lesson plans, and references and resources for health professionals.

[Written questions from Senator Helms of John Bode, Deputy Assistant Secretary, Food and Consumer Services, USDA, and answers thereto:]

Question 1. As evidenced by a number of statements by witnesses, there seems to be the widespread impression that little is done in the way of nutrition monitoring. Would you outline what efforts are underway, what is being planned and so forth?

Answer. The National Nutrition Monitoring System (NNMS) continues as one of the top priorities in the USDA. Continual progress is being accomplished. Since the 1977–78 Nationwide Food Consumption Survey (NFCS), a number of methodological studies have been undertaken which will improve our ability to better measure the dietary status of all Americans, as well as reduce costs and respondent burden. In one study, we are testing nine alternative methods to collect up to 12 days of individual intake data over a period of one year. The second major study is the Pilot Low-Income Survey that was specified in the Agricultural and Food Act of 1981, Section 1329, section 17(c) of the Food Stamp Act of 1977. This is testing three alternative methods.

The Department, through a grant to the Food and Nutrition Board, National Academy of Sciences-National Research Council, is sponsoring a Data users Conference this year. This Conference will set priorities among the data needs of our many users in government, academia, and industry.

Although the Department has not conducted any surveys since the 1979–80 Low-Income NFCS, we plan to initiate a continuous, longitudinal individual intake survey in 1985. Initially this survey will include a monitoring group and all children in households with a person in the monitoring group. We plan to expand this to include special high-risk groups, such as low-income, and the entire population

(other sex-age groups) as additional funding becomes available. In addition, our current plans are to conduct a household survey of food use in 1987.

Considerable progress has also been made on other aspects of NNMS. These include the Department's work in food composition, both by the Agricultural Research Service (ARS) and HNIS; dietary knowledge and attitudes assessment research by HNIS; food supply determinations analyses by the Economic Research Service and HNIS; and research in nutritional requirements and means of measuring nutritional status by ARS.

Question 2. Several witnesses also made reference to a study on the cost effectiveness of the WIC Program by pointing to results showing $3 saved for every $1 spent in WIC. It was my understanding that these results, which were from only one State, only dealt with a portion of WIC participants rather than all participants. Would you elaborate on the findings of that study?

Answer. You are correct, Senator. That cost-benefit ratio is among the more misused statistics in public debate today. The ratio refers only to one portion of the total WIC population—pregnant women—and measures one effect of WIC only—the impact on the incidence of Low Birth Weight (LBW) infants. I point this out because, as you know, only one-quarter of those receiving WIC benefits are pregnant women. For the other 75 percent of the population, infants and children, there is probably some positive benefits from WIC but these are not nearly as well established by research nor are they of the potential magnitude as this "3:1" ratio. Furthermore, there is a very important caveat about the study: the size of the group studied was not large enough to be representative of the State (Massachusetts) and it is far from representative of the national WIC program. Clearly, this statistic needs considerable qualification before it is used.

Question 3. One witness raised the question of the "feminization of poverty" and, by implication, its relevance to the food stamp program. Could you provide information on the characteristics of participating food stamp households, particularly with regard to the trends among non-elderly heads of households?

Answer. As is commonly known, a process described as "feminization" of poverty has occurred in recent years. Whether this process continues at this time with respect to the Food Stamp Program or will continue in the future is not clearly demonstrated by existing data. Specifically, according to Census and other data, a household headed by a female has had a sharply increased statistical probability of being poor in comparison to other households. This demographic impact has been reflected in various assistance program participation statistics.

In 1976, 68.4 percent of all food stamp households were headed by women while by 1979 this percentage had risen only to 69.3 percent. Further analysis of the 1979 data indicates that female household heads were slightly more likely to be under 60 (in 1979 female household heads constituted 70.7 percent of all household heads under 60).

Stringent comparisons between early food stamp surveys and the 1980 and 1981 surveys are not possible since data on household heads was not collected in our recent surveys. These data were replaced by participation data (counts of individual persons) that may provide a more precise measure. In the 1981 survey, 69.27 percent of all participants under 60 were female.

Another measure which can be used to assess feminization impact on the Food Stamp Program is the percent of all food stamp households with AFDC income. In 1975 this was 50.0 percent, and although there were year to year variations, the percent in 1981 was only 50.1 percent.

An interpretation of the above statistics suggests that the percentage of females in the Food Stamp program has remained virtually unchanged over time and that the "feminization" of poverty effect has not been noticeably felt by the Food Stamp Program.

Question 4. A number of witnesses testified that the WIC Program is currently serving about one-fourth of all eligible mothers and children. Do you have any information to substantiate this assertion? Are there "waiting lists" for WIC participation in most States? What is the national distribution of WIC participants in the six priority categories? What statistics do you have on the average number of WIC participants nationally, and what recent trends?

Answer. Individuals are deemed eligible for WIC based on two criteria, low income status and the presence of nutritional risk. Existing surveys provide us with the information needed to estimate the number of individuals who qualify by income to participate in WIC. However, there are no data indicating the level of nutritional risk within that income eligible population. Only a portion of those individuals who are income eligible will be eligible when the nutritional risk criteria are applied. For example, without considering any nutritional risk criteria, about 45

percent of all the women, infants and children in the U.S. are WIC eligible at the maximum income eligibility limit (185 percent of the poverty line). In fact, the income eligibility limit of 185 percent of poverty allows maximum discretion for health professionals to provide WIC benefits to those at nutritional risk who are above the "safety net" income limits (or 130 percent of poverty). Therefore, the income-based estimates are larger than actual eligibility. Using data from the 1982 Current Population Survey of the Bureau of Census and from the National Center for Health Statistics, we estimate that 9.7 million individuals were economically eligible for WIC in 1981. For fiscal year 1982 we estimate that, based on income eligibility alone, 10.5 million individuals are income-eligible for the WIC Program. This implies that 21 percent of those persons who were income eligible participated in the program during fiscal year 1982. For fiscal year 1983, 23 percent of those who are income eligible are currently participating in the program. However, this is an underestimate of the percent of actual eligibles served. it should be emphasized that this rough estimate of potential eligibles excludes the nutritional risk factors which are crucial eligibility criteria in the program. When these factors are considered, the number of eligibles will be less.

States are not required by law or regulations to report waiting lists information or data concerning the distribution of participants in the six priority categories. In some States, policy regarding the targeting of benefits is centralized at the State agency level. These States can report accurately which priority levels they are currently certifying. For other States, however, local agencies excercise almost complete autonomy in this regard. Meaningful statewide generalization about priorities being reached in these States cannot be made due to the variation among their local agencies.

In the absence of formal reports on priority distribution, the attached data, which provide the priority levels currently being certified, should be considered suggestive rather definitive. Reports for almost all States in the Northeast Region, for example, indicate that Priorities I-VI are being served. However, it is often true that only isolated local agencies are certifying persons in the lower priority levels, while on a statewide basis, persons in, for example, Priority VI, may not as a rule have access to the program. (See attached data report.)

The current average number of WIC participants nationally is 2,416,823. Women represent 20.9 percent of the national average, infants 28.6 percent and childen 50.5 percent. With the recent allocation of funds under the Emergency Jobs Act, using historical data from Fiscal Year 1982 on participation increases after allocations during the year, we anticipate seeing the most significant impact of the Jobs Act in the latter part of the third quarter, with growth probably levelling off at the end of the fourth quarter to 2.8 to 2.9 million participants.

SUPPLEMENTAL FOOD PROGRAMS DIVISION
PRIORITY LEVELS CURRENTLY BEING CERTIFIED*

NORTHEAST	
Connecticut	I-VI
Maine	I-V
Massachusetts	I-VI
New Hampshire	I-VI
New York	I-VI(with 96% in Priorities I-III)
Rhode Island	I-VI(with plans to phase out V and VI by end of fiscal year)
Vermont	I-VI
Indian Township, ME	I-VI
Penobscot, ME	I-VI
Pleasant Point, ME	I-VI
Seneca Nat., NY	I-VI
MID-ATLANTIC	
Delaware	I-III
Maryland	I-IV
New Jersey	I-III
Pennsylvania	I-III
Puerto Rico	I-II
Virginia	I-VI
Virgin Islands	I-VI
West Virginia	50%=I-II; 40%=1-IV; 10%=I-VI
District of Columbia	I-V

SUPPLEMENTAL FOOD PROGRAMS DIVISION
PRIORITY LEVELS CURRENTLY BEING CERTIFIED*--Continued

SOUTHEAST	
Alabama	I-III
Florida	I-V(with very few high risk Priority VI participants)
Georgia	I-III(with some Priority IV participants)
Kentucky	I-VI
Mississippi	I-VI
North Carolina	I-V
South Carolina	I-IV
Tennessee	I-V(with very few Priority VI participants)
Seminoles, FL	I-VI
Miccosoukee, FL	I-VI
Choctaws, MS	I-VI
E. Cherokee, NC	I-VI
SOUTHWEST	
Arkansas	I-IV
Louisiana	I-II(with imminent plan to suspend further enrollments)
New Mexico	I-II(with small number of Priority III participants)
Oklahoma	I-IV
Texas	I-VI
Acoma,NM	I-VI
8N. Pueblo, NM	I-VI
Isleta Pueblo, NM	I-VI
Santo Domingo, NM	I-VI
Five Sandoval, NM	I-VI
San Felipe, NM	I-VI
WCD Ent., OK	I-VI
Choctaws, OK	I-VI
Cherokee, OK	I-V
Chickasaw, OK	I-V
Tonkawa, OK	I-V
Potawatami,OK	I-VI
Zuni, NM	I-VI
MIDWEST: The priority levels served vary significantly from local agency to local agency within each State.	
Illinois	
Indiana	
Michigan	
Minnesota	
Ohio	
Wisconsin	

SUPPLEMENTAL FOOD PROGRAMS DIVISION
PRIORITY LEVELS CURRENTLY BEING CERTIFIED*--Continued

MOUNTAIN PLAINS	
Colorado	I-V
Iowa	I-IV(effective April 1, 1983)
Kansas	I-III(effective April 1, 1983)
Missouri	I-V
Montana	I-V
Nebraska	I-III
North Dakota	I-V
South Dakota	I-V
Utah	I-III(with a few participants in Priority IV)
Shos & Ara., WY	I-V
Ute Mtn. Tribe, CO	I-VI
Winnebago, Neb.	I-V
Cheyenne Rv., SD	I-IV
Rosebud, SD	I-VI
Standing Rock, ND	I-VI
Ft. Berthold, ND	I-VI
Wyoming	I-III
WESTERN	
Alaska	I-III
Arizona	I-VI(with 80% in I-III)
California	I-VI
Hawaii	I-VI
Idaho	I-V
Nevada	I-V
Oregon	I-III
Washington	I-IV(effective April 1, 1983)
ITCN	I-VI
Manilac, AK	I-III
Navajo Nation, AZ	I-VI

*As of March 1983, does not include Jobs Bill money

Question 5. One witness reported that in Texas, applications for food stamps had increased by 48 percent, while the actual participation increased by 11 percent. Do you have any reason to believe that Texas was not complying in some way with Federal regulations and law? Is this typical of the national situation? What are the most likely reasons for not approving an application for food stamps?

Answer. FNS officials have been aware for some time of the circumstances in Texas where a large increase in food stamp applications has not been followed with a commensurate increase in the participation rate. Marlin W. Johnston, Commissioner of the Texas Department of Human Resources, in a keynote speech last October at the American Association of Food Stamp Directors annual meeting, discussed this phenomenon.

We have no reason to believe that Texas is not in compliance with Federal regulations. To our knowledge this unusual situation exists only in Texas which, in the public mind, continues to be the Sun Belt's prime location for jobs.

It is important to note that FNS constantly monitors States' case determinations for validity and accuracy through its quality control (QC) process. (FNS does not, however, centrally collect information on the reasons for individual case denials.) According to our most recent QC data (April 1981–September 1981), we have noticed that Texas does have a slightly higher rate of erroneously denying applications and terminating cases (7.01 percent) than the national average (3.54 percent). We are currently working closely with Texas to correct this minor problem. Recently approved Texas State Corrective Action Plan proposals include: (1) revising supervisory QC system where 9,000 randomly selected positive and negative case decisions will be manually reviewed by supervisors each month for accuracy; (2) expansion of their automated data processing capacity by purchase and installation (April 1983) of 650 microcomputers to increase efficiency in their heavy caseload areas and; (3) development and organization of training modules to train staff interviewers, and generally improve communication between caseworkers and clients so mistakes during that process can be significantly reduced.

Job seekers from the areas with high unemployment such as the Midwest and the Northeast have moved to Texas but most have not been able to find work. Often they spend their unemployment checks or cash resources in getting to Texas. Upon not finding work quickly, they have applied for help from the Texas welfare department. However, Texas welfare rules are too strict for them to receive any cash assistance (AFDC or General Assistance), except for transportation to return to their home State. To help explain this situation to newcomers, the Texas State agency provides them with a brochure entitled "Dead Broke in Texas". Since many of these families have already received food stamps that month in their home States and since income makes them ineligible for food stamps on an expedited basis, they must wait to get food stamps. Most of the families who are unable to permanently relocate in Texas do not wait to receive food stamp benefits. Many return to their home States, most of which have more generous welfare eligibility and benefits.

Question 6. Several witnesses concentrated on the degree to which programs serve low-income individuals. Could you provide the latest breakdown on percent of participation in the various programs by income level—under 130 percent, 130–185 percent, and those over 185 percent? Would you also furnish information on the Federal dollars which go to each income category for the individual programs?

Answer. Except for the School Lunch, Special Milk, and Child Care Food Programs, most of the participants and funds in the domestic food assistance programs are below 130 percent of poverty. The following table provides the information requested in a more detailed form.

FOOD PROGRAMS FOR FISCAL YEAR 1983 BY GROSS INCOME AS A PERCENT OF POVERTY

[Dollar amounts in millions]

Program	Gross income as a percent of poverty					
	130 and below		131–185		Over 185	
	Percent of total participants [1]	Fiscal year 1983	Percent of total participants [1]	Fiscal year 1983	Percent of total participants [1]	Fiscal year 1983
National school lunch program [2]	44	$2,026	7	$234	49	$442
School breakfast program [2]	85	313	5	8	10	5
Child care food program [2]	53	213	11	31	36	98
Summer food service program [2]	100	100				
Special milk program [2]	5	2	NA	NA	95	18

FOOD PROGRAMS FOR FISCAL YEAR 1983 BY GROSS INCOME AS A PERCENT OF POVERTY—Continued

[Dollar amounts in millions]

Program	Gross income as a percent of poverty					
	130 and below		131–185		Over 185	
	Percent of total participants [1]	Fiscal year 1983	Percent of total participants [1]	Fiscal year 1983	Percent of total participants [1]	Fiscal year 1983
WIC [3]			100	1,060		
Commodity supplemental food program [4]			NA	32.6		
Food stamp program [5]	99	11,239	1	([6])		

[1] Or category meals served.

[2] Based on the number of meals served to each income category. All meals in family day care home portion of the CCFP are served as free meals regardless of family income (except providers' children). However, estimates exist from recent studies which indicate the percent of the family day care home population from each income category. All meals in the summer program are served free regardless of family income. A site must serve a geographic area where at least 50 percent of the households are below 185 percent of poverty.

[3] All participants are below the 185 percent of poverty but no comprehensive data is available on distribution of participants by income levels below the maximum.

[4] Eligibility is based on eligibility for local benefits under existing Federal, State, or local food, health or welfare programs for low income persons. No data is available on the distribution of participants by income levels.

[5] Most households that participate in the Food Stamp Program must have gross income at or below 130 percent of poverty and net income at or below 100 percent of poverty. Households containing an elderly or disabled member may have gross incomes higher than 130 percent of poverty, but must have net incomes at or below 100 percent of poverty.

[6] Less than 1 percent of benefits go to households over 130 percent of poverty.

[During a subsequent hearing on April 11 regarding the administration's fiscal year 1984 budget proposals, Senator Andrews again brought up the question of commodities for the church in the District. In response to that hearing, the following letter was received for the April 11 hearing record. Because of its relevance, I thought it would also be useful to include it in the record of this hearing as well.—Jesse Helms]

DEPARTMENT OF AGRICULTURE,
OFFICE OF THE SECRETARY,
Washington, D.C., April 19, 1983.

Hon. MARK ANDREWS,
U.S. Senate,
Washington, D.C.

DEAR SENATOR ANDREWS: During the April 11 hearing before the Senate Agriculture Committee, you repeated your concern, first expressed at the March 14 Hearing of the Subcommittee on Rural Development, Oversight, and Investigations, that a charitable institution in the District of Columbia in need of commodities for its feeding program was not currently receiving them. I indicated then that charitable institutions—if designated as such by the State Commodity Distributing Agent—were certainly eligible and should be able to receive commodities.

Subsequent contact with your staff identified the institution as St. Stephen and the Incarnation Episcopal Church. When staff of the Food and Nutrition Service reached Father Woodard, they learned that he had not contacted the State Distributing Agent in the District of Columbia to apply for commodities. FNS staff instructed Father Woodard in the application procedures, then contacted Mr. Julius Jacobs, the State Distributing Agent for the District of Columbia. Mr. Jacobs was most receptive and has arranged a meeting with the St. Stephen's program staff to further explore their eligibility for commodities. We have been assured that everything possible will be done to accommodate St. Stephen's program needs.

Please let me know if we can be of further help.

Sincerely,

JOHN W. BODE,
Deputy Assistant Secretary,
Food and Consumer Services.

Senator ANDREWS. You have both been most helpful and I appreciate very much your appearing before the subcommittee. The subcommittee is adjourned.

[Whereupon, at 12:29 p.m., the subcommittee adjourned, subject to call of the Chair.]

APPENDIXES

APPENDIX A

Statement of Hon. Patrick J. Leahy, a U.S. Senator From Vermont

Mr. Chairman, I want to commend you today for holding this hearing on the effects budget cuts have had on child nutrition and other food assistance programs of the United States Department of Agriculture (USDA).

It is particularly appropriate that this hearing take place before the Subcommittee on Rural Development, Oversight, and Investigations because the problems of hunger and malnutrition in rural areas are particularly acute.

Rural people account for a quarter of this nation's population, yet they suffer from higher per capita incidences or poverty and malnutrition than urban areas.

Mr. Chairman, you and members of this Committee know that I fought to preserve the food assistance programs last year. As Ranking Minority Member of the Nutrition Subcommittee, I joined with Senator Dole and others to ward off repeated Administration attempts to cut these programs.

After last year's efforts, and the now tremendous new need for domestic food assistance, brought on by the depressed economic conditions of today, one would have assumed that the Administration would finally realize that these programs are essential.

Yet, the President's fiscal year 1984 budget proposal requests more cuts in food assistance funding.

We have already cut the school lunch program by 30 percent. As a result, more than 1.5 million school children have lost free and reduced price lunches and over 1,000 schools have closed their school lunch programs.

Mr. Chairman, we are not talking about children that have another choice in this matter. We are talking about children who received their most nutritions meals of the day at school, children who will not otherwise eat the way they should.

In a society as rich as ours, with agricultural productivity reaping an abundance of food, no child should have to go hungry. But many children will go hungry, Mr. Chairman, if we allow these new budget cuts to become law.

The Special Supplemental Food Program for Women, Infants and Children (WIC) is one of the most effective tools the federal government has to fight malnutrition and infant mortality. Its record of success is improved year after year.

WIC was cut significantly the first year the President was in office, and funding has remained constant since then. But, inflation has inflicted a cut in the valuable program, a cut that will make it most difficult for workers in my home State of Vermont to meet the new demands on the program from an estimated 1,000 women and children.

I know that new demands on this program are being made throughout the country. Alarmingly, infant mortality rates are beginning to climb again, after many years of progress. This is in part due to the reductions in funding for WIC.

These reductions make little sense, Mr. Chairman. We are only cheating future generations. A child brought up without proper nutrition can be expected to weigh heavily on society in terms of medical costs and lost productivity.

We are denying children a chance to do as well as they possibly can. We foreclose their options at an early age, leaving them to try as they might without full, balanced meals.

Mr. Chairman, we have got to hold this Administration accountable for the problems they are creating right now for future generations to deal with. We can not and will not solve the deficit problem by denying children a fair chance in years ahead.

STATEMENT OF HON. DAVID PRYOR, A U.S. SENATOR FROM ARKANSAS

Mr. Chairman, I am pleased that you have called this hearing today to examine the status of nutrition programs operated by the federal government. Since the establishment of many of these feeding programs many years ago we have done a great deal to alleviate hunger in this country. However, these programs have been cut the last couple of years, and the President, in his fiscal year 1984 budget, proposed additional cuts in food stamps and the child nutrition programs. Therefore, I think this is a very timely hearing. At a time when we have a surplus of most commodities grown in this country and this committee has reported out a bill to provide more commodities to the needy in this country, we need to take an overall look at our nutrition programs and see exactly how they are operating.

I commend you for holding this hearing and I look forward to the testimony of the witnesses.

STATEMENT OF DR. JEAN MAYER, PRESIDENT, TUFTS UNIVERSITY

MEDFORD, MASS

Mr. Chairman, you have asked me here today to testify about the current state of the large-scale Federal food programs. They are not in very good shape. Because of this, the nutritional health of millions of Americans is increasingly precarious. At this point, we stand a good chance of going right back to the conditions of hunger and malnutrition that existed in the 1960's, before the White House Conference on Food, Nutrition and Health, before a bipartisan coalition in the Congress put these programs together and two Republican administrations put them in place. The programs were working. We were well on the way to achieving the proud goal enunciated by a President in 1969: to eliminate hunger and malnutrition from the United States for all time. We can still do it.

But at this point we are in a paradoxical situation where we have hungry citizens, a farm economy in deep trouble, and food surpluses coming out of our ears.

All the evidence we have - the data from pediatric hospitals in terms of food emergencies; reports of rising infant mortality rates in a number of states, and particularly in economically-distressed areas within states; the growing number of soup kitchens in our large cities; and the long lines of people waiting to be fed or waiting for surplus cheese - indicates that hunger is reappearing in America.

It is hard for those of us who have good jobs and are well fed to imagine how very tight money can be if you are living at or below the poverty level, if you are unemployed or on Social Security or are earning the minimum wage, and especially if you have growing children to feed. According to survey data from the Department of Agriculture, the average gross income of households receiving food stamps is $349 a month. Their average cash assets are $62.00. Those who saw the recent television documentary "Hunger: A Capital Shame," may remember that for those of the 100,000 citizens of the city of Washington who live below the poverty line and are on food stamps, the average benefit is 43 cents per person per meal, the highest, 70 cents. Throughout the country,it is 47 cents.

The Food Stamp Program is targeted specifically to food in an effort to ensure every American the ability to purchase an adequate diet during periods of economic stress. Food stamps are the base on which all the other supplemental food programs rest. The program has functioned well (and, I might add,has been well administered by the Department of Agriculture). Participation has risen and fallen with the state of the economy, as it was designed to do. Yet in the last two years, in the depths of the recession, the food stamp program has been cut by almost 20 percent - a larger percentage than any other basic benefit program. Almost half of the recepients of food stamps are children.

One of the most serious effects of the recession has been on the weakest and most vulnerable of all our citizens, innocent infants. One of the great signs that our fight against hunger was a success has been a steadily declining infant mortality rate across the country. The infant mortality rate is a good index of the overall health of a society. Sadly, it is rising once again

in many areas. The United States' infant mortality rate is 11.8 per thousand. The rate in Alabama has risen from 12.9 to 14.8. The state of Michigan reports 13.2 deaths per thousand in 1981, up from 12.8 in 1980. That these are not random blips on the curve representing the evolution of the infant mortality rate with time is indicated by the fact that the two states in which significant increases occurred are the two states with the highest unemployment rates. Similarly, county health departments in Ohio report the rate has risen substantially in areas suffering high unemployment; in the county that includes Youngstown, it is up from 13.7 in 1980 to 14.9 in 1981. In Michigan, the rate in Pontiac jumped from 19.6 percent to 23, and in Flint, from 17.6 to 19.6. For one census area of Detroit, where six out of ten people are on public assistance, it is reported at 33 per thousand. Only a small minority of these infants succumbed to infections. The majority died of conditions related to pregnancy, or originating in the first seven days after birth: extreme immaturity, cardiac arrest, and respiratory problems.

Of all the specialized programs that benefit children, the WIC (Womens-Infants-Children) is best documented for its effectiveness. Low-birth-weight and premature infants are the most vulnerable to mortality in early infancy and to physical and mental handicaps. Every dollar spent on the food component of the WIC program can save as many as three in immediate medical costs. Neonatal intensive care runs to $450 per patient per day. Extended care in a neonatal unit may run to $40,000. By contrast, the cost of getting a WIC participant through her pregnancy comes to about $450. In the State of Massachusetts, the cost of lifetime care for a retarded person is now between $2 and $3 million. In Louisiana, the potential savings in public educational expenditure for retarded children have been estimated at $3.5 million a year. It takes very few of those dollars to pay for the WIC program, just as it does not take many complications of measles to pay for the preventive inoculations. We should also figure the costs to the nation of lost taxes and production from fully competent, healthy adult citizens.

In the past years, the Administration had proposed severe funding cuts for WIC, which the Congress in its wisdom rejected. But the fact that funding has been kept steady for the last two years in the face of inflation means that it has in reality been significantly reduced. As a result, thousands of low-income pregnant women and children are locked out of the program.

Everything else aside, we are being penny-wise and pound foolish. Let us look at other facts. While the proportion of poor elderly people is less than in the sixties - 15 percent as opposed to 35 - the poor have as great a need. Their fixed income is being eroded by inflation. Many have physical handicaps that make it difficult to shop, to prepare food, even to eat some foods. For many, loss of a husband or wife means loneliness and isolation that makes feeding oneself well seem pointless. For many elderly people, congregate meals or meals-on-wheels may tip the scales between continuing to be able to live freely in society and being institutionalized. It has been claimed that meals-on-wheels, at about $10 a meal, is too

expensive. For a physician, however, if the patient cannot feed himself or herself well and needs to be looked in on each day, the only alternative to meals-on-wheels may be hospitalization at some $200 a day. For a family, the only alternative to this kind of assistance may be to put older members in nursing homes, at rates that vary from manageable sums to $12,000 a year or even double or triple that figure. In 1980, nursing home care cost the nation $21 billion. If trends continue, by 1990 it is estimated at $90 billion. Yet the FY '84 budget proposes to cut congregate meals by $28 million and home-delivered meals by $4 million, while most programs are operating at full capacity. In addition, there is increasing emphasis on raising the level of participant contributions. About two-thirds of the participants in these programs are on low incomes. Elderly people as a group are particularly siensitive to the stigma of welfare: for example, less than 50 percent of those who are eligible participate in the food stamp program, largely because of the methods through which one obtains food stamps. There is a real danger that people who are unable to contribute to the meals programs will drop out rather than be humiliated.

It is less simple to document the effectiveness of the other child feeding programs. School Lunch can be counted on to give children one good meal a day, one day out of two in the year. But anyone who has taught young children will, I think, agree that the School Lunch and Breakfast Programs have an educational as well as a feeding function. Children who arrive at school hungry, or who are not decently fed at noon, are really incapable of taking full advantage of their lessons. The School Lunch Program, in particular, also has the potential to be an important part of health education. By feeding these children a nutritious lunch in a pleasant atmosphere we could help to instill good eating habits for a lifetime. Since 1980, changes in the School Lunch budget have in effect edged some three million children out of the program. Thirty-five percent of that decline was in children receiving free or reduced-price lunches. And particpation in reduced-price lunches dropped the most. The new proposed cuts - elimination of the 2 cents differential reimbursement to schools in low-income areas and indexing of reduced-priced meals to inflation - will once again damage most those who most need the food. In addition, the stigma of having to apply at the welfare office for authorization for free or reduced-price meals without doubt will drive some embarrassed parents out of the program. As usual, it seems to be the working poor who are hit the hardest. The cost of food is such a small component in the overall cost of maintaining an educational system that nearly every other Western democracy has made it a normal, free part of public education.

The summer feeding program is really an extension of the school feeding programs. Virtually all of these children are low-income. Seventy percent of those in the Child Care Food Programs are low-income. Almost 90 percent of children in the School Breakfast Program are receiving free or reduced-priced meals. Yet in the block grant proposal which would turn these programs over to the states, funding is cut by 28 percent.

I know that there is now great hope all across the country

that our economy is taking a big turn for the better. But we should not be lulled into thinking that even a very vigorous upturn will solve the problem. A large majority of those who need help cannot work for one reason or another, or will continue to be on low incomes: the elderly, young women with small children, and the children themselves. Almost half of the participants in the Food Stamp program are children. Families headed by single women are on the increase. For them, job bills to increase construction and road building do not hold much hope of employment. In my own state of Massachuetts families headed by women increased 38 percent in the last ten years. At this point, a majority of families below the poverty line are headed by women. Almost half the unemployed are women, and half of the women who do work have children under the age of six. The best estimate we have is that one-third of all American children will be eligible for food stamps between now and the year 2000.

I applaud the efforts underway in both houses of the Congress to support and expand commodity distribution. It is an important measure of emergency relief. It is a way to dispose of some of our enormous surpluses. But it is not in any way a substitute for full funding of the food programs. And I think we should also remember that feeding the poor is not un-related to the health of our farm economy. The large feeding programs like food stamps and school lunch are indirectly very important to agriculture and can help in part to solve our farm problem.

I also applaud the PIK program. It will help to make our surpluses more manageable and to prop up the income of farmers, who at this point are in extradordinary difficulties. It is also to some extent an antierosion measure, although for this it ought to have been better organized and used in a more effective way. Similarly, our use of surpluses abroad ought to be done very carefully, both in terms of our relations with our European friends, and in terms of distribution in developing nations. It will be counterproductive if we create permanent dependency on the United States for food, rather than helping to develop a local, native agricultural system.

All this goes to the fact that we urgently need what we do not have: a national food and agriculture policy.

The Department of Agriculture has many responsibilities, but one mission. It is to feed people - to feed Americans well, to help to feed the world, to do this based on a scientific understanding of what people need from foods, and to maintain a healthy farm economy. At the moment, none of it is being done very well. There are, I think, several reasons. While all the responsibilities assigned to the Department of Agriculture since its creation in 1862 belong in the Department, many are in conflict, and the conflicts are often implicit rather than explicit. There is no systems approach that would allow the Secretary to examine and deal with them.

In addition, over the years the Department has lost much of its constituency. Paradoxically, unlike some basic industries, autos and steel, for example, which are in trouble because their technology is not the most modern, American agriculture is in trouble because it is too efficient. Only two percent of our population are now full-time farmers, another two percent farm

part time. And most of the rest of the population has forgotten that milk does not originate in cartons or orange juice in frozen food bins.

Finally, there is the overall lack of funding that has been the pattern for the Department of Agriculture under the last several administrations.

Consider the job description for the Secretary of Agriculture:

. The Secretary is supposed to develop a long-term impartial agricultural policy for the nation, but he (or she) is also the electoral agent of the President among farmers and in particular in the farm states, with all that implies in short-term actions that may undermine long-range goals.

. The Secretary is supposed to be the guarantor of the quality, safety, and nutritional value of the perishable food produced in the nation, a major interpreter with the Food and Drug Administration of consumer interests. The Department of Agriculture is the lead agency in nutrition research, and should also be the leading advocate in government for public education in the findings of that research. But the primary producers, some of whose products may be adversely affected, are a large, vocal, well-organized, well-financed segment of the Department's farm and ranching constituency, one which administrations of both parties have been careful not to antagonize on any single point.

. The Secretary is expected to be responsive to the voice of farmers in such organizations as the Farm Bureau, which are concerned with low taxes, high prices, government supports, and the economics of medium-size or large-size farms. Yet he is also made responsible for the large food programs. There is at least a fiscal conflict between these objectives.

. The Secretary is entrusted with regulating food production to benefit the national economy, but he is also supposed to worry about and somehow safeguard our farmlands from erosion and to help protect our waters from pollution. Any measure to safeguard subsoil and water tends to be expensive, with no immediate and visible return, and may be counterproductive in terms of immediate production needs.

The Secretary is responsible for programs of research for and technical assistance in agricultural production overseas, programs to promote agricultural self-sufficiency in developing countries with fast-growing populations. At the same time the Secretary is responsible for arrangements to increase exports and sell our surpluses abroad, often at prices that make it impossible for native farmers to stay in business.

A final contradiction lies in the nature of modern American agriculture. Agriculture (if one includes food-related industries) is our largest industry, bigger than housing, steel, and automobiles combined. It is a market for goods and services to the extent that one in every five jobs in private industry is agriculture-related. It produces 50 percent of the world's wheat exports, 79 percent of soybeans, and 61 percent of the world's coarse grain exports. It is a major earner of foreign exchange, generating in 1982 a 23.7 billion surplus to partially offset the $57.2 billion deficit of nonagricultural commerce.

Consumers should be a strong constituency of the Department,

but consumers are not recognized. The poor are not recognized. The balance of the Department's efforts is toward the farmers and the large primary producers but at the moment even farmers are not doing very well.

In sum, for structural reasons the Department is not, at this point, performing as satisfactorily as it should. The built-in contradictions, the inevitable conflicts make the Secretary's job one of the most difficult in the executive branch, but it should not be an almost impossible one, as it is at present. A number of changes could be considered. As a beginning, the following revisions in the current administrative structure would help.

. First, I suggest a simple action which would be politically much more than symbolic: change the name to the Departrment of Food and Agriculture, giving it clear responsibility for the interests of food consumers s well as food producers.

. Then, greater autonomy to the Department's consumer protection activities and its administration of the large-scale feeding programs, and autonomy like that of the Food and Drug Administration in the Department of Health and Human Services.

. Third, international agricultural assitance programs could have more visibility and more autonomy, with better articulation between the Department of Agriculture and the Department of State's Agency for International Development.

It is not impossible that, as has been advocated by at least one Presidential Commission, the technical assistance programs may eventually be dissociated from the Department. Research in tropical agriculture in particular, should be left with USDA, which though not very adventurous has a generally good record of agriculture and nutriton research.

The other responsibilities, however, are likely to remain within the Department. Thus, it is very important that the Assistant Secretaries of Agriculture who are selected to oversee the various programs have clearly defined repsonsibilities, that they have sufficient experience in their area of oversight, sufficient identification with their programs, and sufficient eminence in the public eye that they can act as serious advocates before the Secretary for what will often be essentially opposite points of view. It then would be the job of the Secretary of Food and Agriculture to reconcile the conflicting interests.

The job would still be filled with hard decisions, but the choices would be made from clearer options, openly advocated and well argued. The Secretary would have the best possible basis for choosing among them for the long-range goal of the Department's full constituency.

Every American has a stake in the Department of Agriculture. In a sense, so has everyone in the world. We have been the world's bulwark against famine since World War II. We are uniquely qualified, by virtue of our technological superiority in agriculture, our agricultural and nutrition research, and our agricultural infrastructure, to assist agricultural development in the Third World. Because of our preeminence, we are also uniquely qualified to lead the effort to see that food is never again used as a weapon against individuals or nations.

For our own nation, I think three things are very important at this point. Full funding for the food programs is of course

absolutely essential. But the programs could be much better targeted than at present, if we were not operating almost in the dark so far as our knowlege of nutritional requirements is concerned. Our understanding of the requirements of adults, particularly the ageing, is almost non-existent for many nutrients. The USDA Human Nutrition Research Center on Aging which the Congress has established at Tufts University will provide us with these answers.

We also urgently need national ongoing consumption surveys, which will tell us what foods are bought and eaten and how much of total income is allocated to food purchases. And we need special surveillance of those vulnerable groups - the very poor, the elderly, pregnant women and young children who are particularly at risk - which are not covered by general population surveillance.

Above all, we need a food and agriculture policy that will provide for the health of American agriculture, for the nutritional health of every American consumer, and for the development of a healthy local agriculture in the poor nations of the developing world. I think it is time to begin.

STATEMENT OF DR. EDWARD N. BRANDT, JR., ASSISTANT SECRETARY FOR HEALTH, DEPARTMENT OF HEALTH AND HUMAN SERVICES

Mr. Chairman and Members of the Subcommittee:

Thank you for the opportunity to be here this morning to discuss trends in infant mortality. I am Dr. Edward N. Brandt, Jr., Assistant Secretary for Health, Department of Health and Human Services. I have with me Dr. Manning Feinleib, the Director of the National Center for Health Statistics. The Center is responsible for monitoring the health of the Nation and compiles national vital statistics such as those on infant mortality. Since registration of births and deaths is a State function, the national vital statistics system is a decentralized, cooperative program in which the National Center for Health Statistics (NCHS) compiles national data collected by the States.

I am here today to discuss a report released by the Food Research and Action Center (FRAC) which indicated that infant mortality rates are increasing in several States. The purpose of my testimony is to clarify the recent trends in infant mortality. This is important because the FRAC report contained a number of statements based upon incomplete analysis of the data which have led to a good deal of misunderstanding concerning infant mortality in the United States. I would like to begin by explaining the way in which infant mortality data are collected and how they should be analyzed, since failure to consider these technical issues is responsible for some of the current misunderstanding regarding infant mortality trends.

The infant mortality rate is defined as the number of deaths which occur during the first year of life per 1,000 live births. Final infant mortality statistics are based on information from all death records received by the National

Center for Health Statistics. The records are furnished by all the States, the District of Columbia, and the independent registration area of New York City. Final State infant mortality rates are based on events to residents of the State. Due to the complexity of the process involved in generating high-quality vital statistics data, there is a lag in the availability of final birth and death rates. For instance, our latest available final data are for 1979. In order to meet the need for more recent data, the Center also collects and publishes birth and death data which are summary counts from monthly reports of the numbers of birth and death certificates for infants received in registration offices. However, we consider these rates to be provisional. Because provisional infant mortality rates for individual States are calculated by place of occurrence, they are not completely comparable to final infant mortality rates which are based on the State of residence of the mothers and infants. While the provisional statistics generally agree well with the final statistics on the national level, their use at the State level is subject to more error. One reason for this is that the provisional statistics are counts of certificates received by State Vital Statistics Offices regardless of the date of occurrence of the birth or death. When a particular locality is late in sending its certificates, the State total can be seriously affected, but the effect on national totals are generally negligible, because early and late returns tend to cancel each other out.

Another problem with provisional data is that they are tabulated according to State of occurrence, while births and deaths are reallocated to the State of residence for the calculation of final mortality rates. This can have serious effects in areas where there is substantial interstate travel for obstetrical and pediatric services, as in a local example where 15 percent of all births to Maryland residents occur in

the District of Columbia.

Although differences between provisional and final data may be large for individual States in certain years, the application of appropriate statistical methods can lead to reasonable conclusions regarding State trends. Since the FRAC report did not apply appropriate statistical methodology to the data, they reached unwarranted conclusions.

When analyzing trends in infant mortality rates (using either provisional or final data), it is important to keep in mind the fact that, to some extent, mortality is a random statistical process. The infant mortality rate estimates the probability of infant death. However, the estimate becomes less precise when it is based on a small number of births. Infant mortality is a comparatively rare event, and since the infant mortality rates of many States and cities are based on small numbers of cases, their rates tend to fluctuate greatly from year to year, regardless of whether their general underlying trend is upward or downward. These random fluctuations are especially important to consider when studying trends in infant mortality. For this reason, it is desirable to present State data on infant mortality trends in terms of three-year averages as is done in the Department's annual report to Congress, Health, United States.

An example of these fluctuations is given in the first chart (FIGURE 1). This chart shows the annual infant mortality rates for Rhode Island and Michigan. The best statistical estimates of the trends for both of these States show that their rates are decreasing by four percent per year. Note that Michigan's rates are declining fairly steadily, with only one increase over the 12-year period. This is because its rates are based on about 150,000 births per year. On the other hand, Rhode Island has only 13,000 births per year, so its trend line fluctuates much more with five increases and seven decreases.

Just as the very large decreases between 1979 and 1980 and between 1981 and 1982 should not be taken as evidence of any improvement in conditions affecting maternal or infant health, neither should the increase between 1980 and 1981 be interpreted as evidence that a problem exists.

Unfortunately, the report by the Food and Research and Action Center did not take this random fluctuation into account and arrived at conclusions entirely on the basis of a comparison of data for selected States and urban areas in 1980 and 1981. As is evident from the chart, it is incorrect to conclude from a comparison of rates between only two consecutive years that the general trend of the infant mortality rates for States and cities has changed. The random variation must be considered, and this is impossible when using only two years of data.

The FRAC report identified increases in the infant mortality rates of seven States during the single year from 1980 to 1981, but FRAC's telephone survey apparently covered only 34 States. We do not know which 34 States, or whether the rates were final or provisional, but NCHS's provisional data for all States and the District of Columbia by place of occurrence indicate that a total of 15 States reported an increase in their infant mortality rates between 1980 and 1981. However, if the authors of the FRAC report had examined infant mortality rates for <u>each</u> year from 1970 to 1982, they would have found that although the general trend was downward in every State, the State rates did not consistently decline every year. In fact, for each year from 1970 to 1982, between 4 and 21 States reported an increase in their rates, with the annual average amounting to 13 States. The 15 States that NCHS identified as reporting an increase between 1980 and 1981 is not markedly higher than this annual average and is no higher than the number reported in four other years of the 1970-1982

period.

Furthermore, the infant mortality rates of these 15 States have not continued to rise since 1981. The provisional data of NCHS indicate that the infant mortality rates of all of these 15 States declined between 1981 and 1982. For 1982, 11 States reported an increase, compared to 15 in the previous year and the annual average of 13 for the entire 1970-1982 period.

Another illustration of the random component inherent in these data is the fact that, although the long-term trend is downward in all cases, 41 States reported two or more increases over the 12 periods. In general, the smaller States showed more increases than the larger ones. Only 12 States showed two or more successive increases.

The FRAC report also shows increases in the infant mortality rates for a number of urban areas between 1980 and 1981. However, the infant mortality rates for most cities are even more likely to fluctuate from year to year, because the number of infant deaths involved tends to be smaller than for States.

It is clear, then, that the authors of the FRAC report were mistaken in their conclusion that infant mortality has been increasing. Let me conclude by presenting a brief discussion of the facts concerning infant mortality and its determinants. Provisional data for 1982 indicate that the infant mortality rate was 11.2 deaths per 1,000 live births. This is the lowest ever recorded in the United States. Infant mortality rates for all races have been declining steadily during the past decade, following a plateau that lasted from the mid-1950's to the mid-1960's. This decline may be attributed to several factors, including better nutrition, declines in smoking, wider availability of prenatal care, advances in medical science, and improved socioeconomic conditions. The important point here is that pregnancy is a

complex biological process, with many interrelated social, behavioral, and physiological factors affecting its outcome.

The mortality rate for black infants historically has been much higher than that for white infants. The rates for both of these groups have been declining at nearly equal rates for the past 10 years (FIGURE 2). Therefore, the mortality rate for black infants remains almost twice as high as that for white infants.

Examination of trends over the period 1970-1982 (using provisional data by place of occurrence) shows that every single State has experienced reductions in infant mortality, although the magnitude of the decline varies. Preliminary analysis of the variation does not reveal any consistent pattern or suggest reasons for the disparities. Many of the differences in magnitude of the downward trend are due to the random fluctuations I discussed earlier. Using final data by State of residence, we find variation in the decline for both black and white infants, but once again, the trend is uniformly downward. The gap between the State with the highest rate and the State with the lowest rate has not changed substantially over the last 15 years. The map (FIGURE 3) illustrates the variation among States in their infant mortality rates using a three-year average for 1980-1982. The large block of higher rates in the South is due in large part to the fact that these States have a higher proportion of black infants whose mortality experience, as I indicated earlier, is not as favorable as that for white infants.

An infant's weight at birth is the primary determinant of survival and health throughout infancy and early childhood years. The lower the birth weight, the greater are the chances of death, serious congenital anomalies, or other severe impairments. Although infant mortality has been decreasing

rapidly during the past 15 years, the changes in birth weight have been much less striking. The incidence of low birth weight declined by 18 percent among whites compared to only 10 percent among blacks.

The reason that mortality declined so much more than low birth weight is that significant reductions have occurred in birth-weight-specific mortality rates. In particular, one of the major factors contributing to the recent decline in infant mortality, and especially neonatal mortality, is the greatly improved survival for infants of low birth weight. Before the mid-1960's, little change in neonatal mortality among infants of low birth weight was apparent. Yet, large reductions in neonatal mortality for low-birth-weight infants have occurred during the late 1960's and 1970's.

Part of this improved outcome for low-birth-weight infants can be attributed to advances in neonatology and the establishment of regionalized perinatal networks. While the effectiveness of some recent technological developments in perinatal medicine remains controversial, it is likely that a large part of the recent reduction in neonatal mortality has resulted from progress in the management of pregnant women at high risk and advances in newborn intensive care. This is a good example of the benefits of high-quality biomedical research.

Many maternal factors have been identified as being associated with poor pregnancy outcomes of mortality or low birth weight:

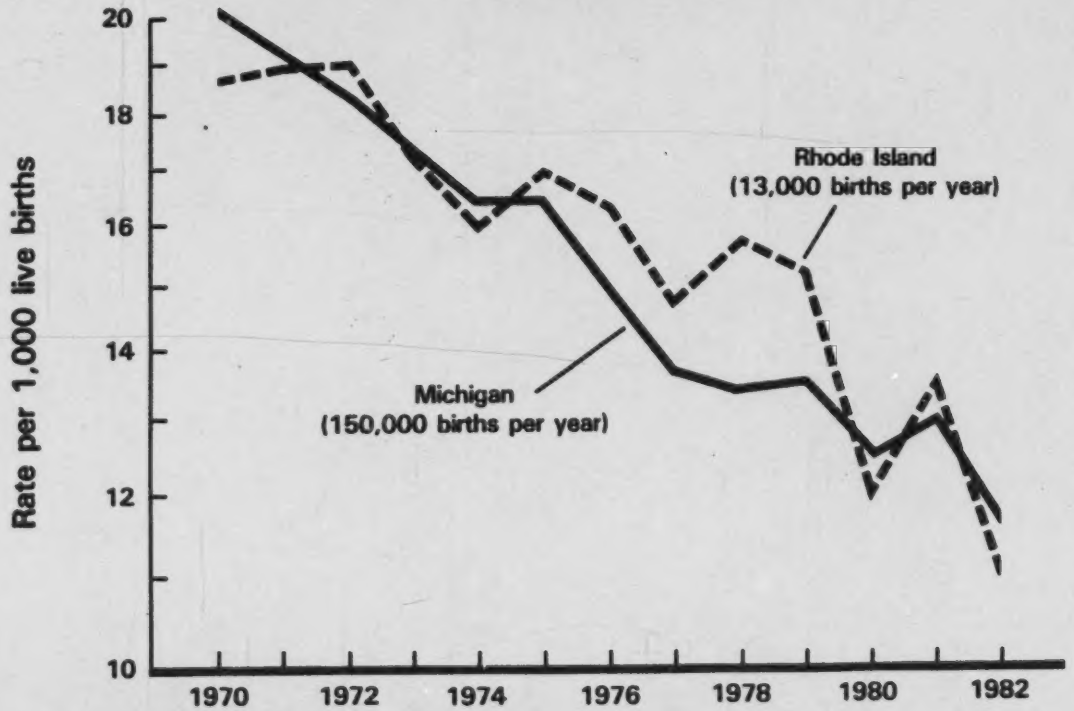
- o smoking,
- o alcohol and drug abuse,
- o poor nutrition,
- o old or young age (teenagers and mothers over 35),
- o large number of previous births, and
- o low socioeconomic status.

The central role that high-quality prenatal care beginning early in pregnancy can play in improving pregnancy outcome for high-risk women has been recognized for several years. Trends since the 1970's have been encouraging. For example, from 1970 to 1980, the proportion of mothers who began prenatal care in the first trimester of pregnancy increased from 72 percent to 79 percent among whites and from 44 percent to 63 percent among blacks. Discouragingly, in 1980, mothers at highest risk of having poor pregnancy outcome are still the least likely to begin prenatal care early, and this fact still accounts for some mortality. One of our Department's Health Promotion Objectives is to improve this situation.

In closing, provisional data for 1982 indicate that there were 11.2 infant deaths per 1,000 live births--the lowest ever recorded in the United States. We will continue to monitor the situation closely and investigate the possible effects of changing economic conditions on infant mortality. I am pleased to report that there is no evidence that the rate of decline in infant mortality has abated either nationally or in any State.

Figure 1

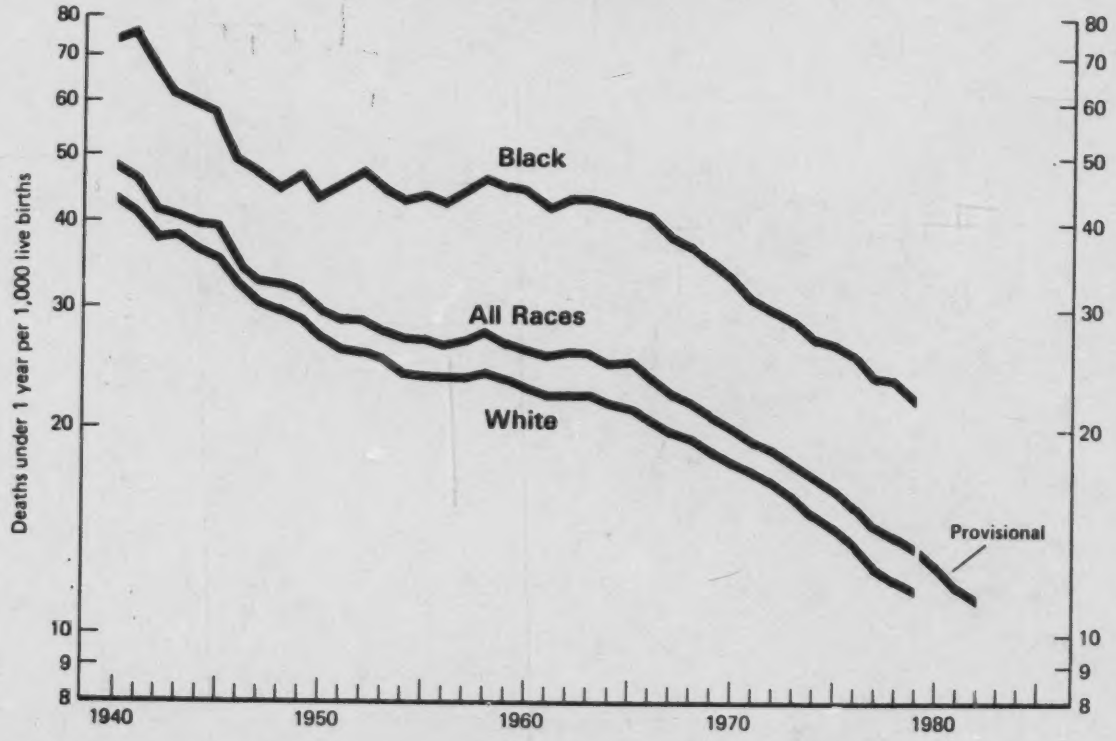
Provisional infant mortality rates in two states



NOTE: Data are by state of occurrence
SOURCE: National Center for Health Statistics, Division of Vital Statistics and Division of Analysis

Figure 2

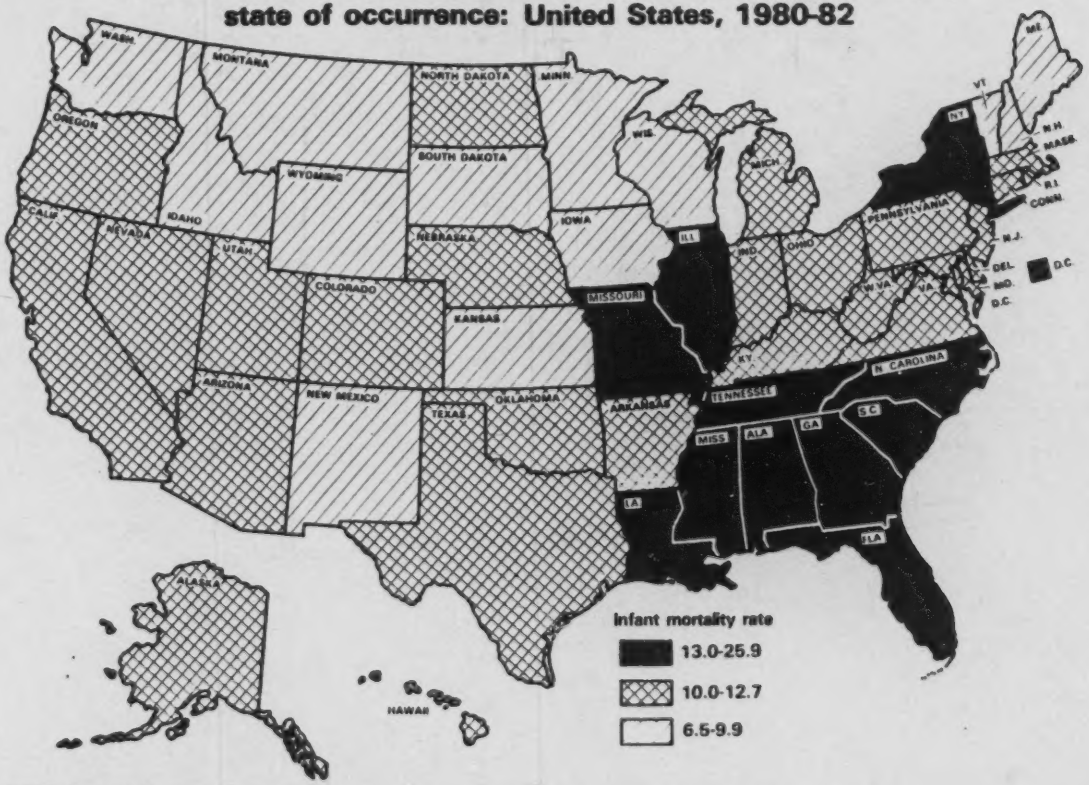
Infant mortality rates by race: United States, 1940-82



SOURCE: National Center for Health Statistics, Division of Vital Statistics

Figure 3

Provisional infant mortality rates for the total population by state of occurrence: United States, 1980-82



NOTE: Data are by state of occurrence
SOURCE: National Center for Health Statistics, Division of Vital Statistics and Division of Analysis

Table 1. Infant Mortality Rates by Race: United States, 1940-82
(Rates are deaths under 1 year per 1,000 live births in specified group)

Year	Infant mortality rate		
	Total	White	Black
1982[1]	11.2	...	...
1981[1]	11.7	...	...
1980[1]	12.5	...	...
1979[2]	13.1	11.4	21.8
1978[2]	13.8	12.0	23.1
1977[2]	14.1	12.3	23.6
1976[2]	15.2	13.3	25.5
1975[2]	16.1	14.2	26.2
1974[2]	16.7	14.8	26.8
1973[2]	17.7	15.8	28.1
1972[2,3]	18.5	16.4	29.6
1971[2]	19.1	17.1	30.3
1970[2]	20.0	17.8	32.6
1969	20.9	18.4	34.8
1968	21.8	19.2	36.2
1967	22.4	19.7	37.5
1966	23.7	20.6	40.2
1965	24.7	21.5	41.7
1964[4]	24.8	21.6	42.3
1963[4]	25.2	22.2	42.8
1962[4]	25.3	22.3	42.6
1961	25.3	22.4	41.8
1960	26.0	22.9	44.3
1959	26.4	23.2	44.8
1958	27.1	23.8	46.3
1957	26.3	23.3	44.2
1956	26.0	23.2	42.4
1955	26.4	23.6	43.1
1954	26.6	23.9	42.9
1953	27.8	25.0	44.5
1952	28.4	25.5	46.9
1951	28.4	25.8	44.3
1950	29.2	26.8	43.9
1949	31.3	28.9	46.8
1948	32.0	29.9	45.7
1947	32.2	30.1	47.7
1946	33.8	31.8	48.8
1945	38.3	35.6	56.2
1944	39.8	36.9	59.3
1943	40.4	37.5	61.5
1942	40.4	37.3	64.2
1941	45.3	41.2	74.1
1940	47.0	43.2	72.9

[1] Provisional data.
[2] Excludes deaths of nonresidents of the United States.
[3] Deaths based on a 50-percent sample.
[4] Figures by color exclude data for residents of New Jersey.

Source: National Center for Health Statistics, Division of Vital Statistics

STATEMENT OF
THE HONORABLE TED L. WILSON
MAYOR, SALT LAKE CITY

SENATOR ANDREWS AND MEMBERS OF THE SUBCOMMITTEE, I AM TED WILSON, MAYOR OF SALT LAKE CITY. I APPEAR BEFORE YOU THIS MORNING ON BEHALF OF THE U.S. CONFERENCE OF MAYORS AND AM GLAD TO HAVE THE OPPORTUNITY TO DISCUSS WITH YOU OUR MANY CONCERNS ABOUT THE RE-EMERGENCE OF HUNGER IN AMERICA, AND THE INCREASING NUMBERS OF URBAN RESIDENTS WHO DO NOT HAVE ENOUGH FOOD TO EAT.

IN THE LAST YEAR WE HAVE SEEN IMAGES THAT REMIND US OF THE GREAT DEPRESSION--HOMELESS PEOPLE ON THE STREET AND IN SHELTERS, PEOPLE WAITING TO GET FOOD AT SOUP KITCHENS OR FOOD CUPBOARDS OR IN CHEESE LINES, AND FAMILIES WITH CHILDREN, LIVING IN THEIR CARS, MOVING AROUND THE COUNTRY IN SEARCH OF JOBS. THE GROWING PROBLEMS WE FACE HAVE BEEN MET WITH EXTRAORDINARY EFFORTS IN CITIES ACROSS THE COUNTRY. CHURCHES AND SYNAGOGUES, COMMUNITY AND VOLUNTARY AGENCIES, RELIGIOUS ORGANIZATIONS, BUSINESSES, UNIONS AND CITY GOVERNMENTS HAVE PULLED TOGETHER AS THEY NEVER HAVE BEFORE. BUT WE ARE NOT ABLE TO MEET THE TREMENDOUS NEED FOR FOOD THAT EXISTS TODAY.

IN DETROIT, MAYOR COLEMAN YOUNG, WHO SERVES AS PRESIDENT OF THE CONFERENCE OF MAYORS, DECLARED A STATE OF EMERGENCY AND ESTABLISHED A SURVIVAL PROGRAM TO HELP DESTITUTE CITIZENS AVERT STARVATION AND FREEZING THIS WINTER. OVER 200,000 PERSONS HAVE RECEIVED FOOD ASSISTANCE THIS WINTER THROUGH THE CITY'S PROGRAMS. LAST FALL THE MAYOR ESTABLISHED AN EMERGENCY HUNGER HOTLINE WHICH HAS ALREADY SERVED MORE THAN 25,000 PEOPLE. GENERALLY, THE CALLERS SAY THEY FACE A PERIOD OF NO FOOD BETWEEN THE EXHAUSTION OF THEIR BENEFITS AND THEIR NEXT PROSPECT OF RELIEF. IN LATE JANUARY, THE CITY OF DETROIT DISTRIBUTED 700,000 POUNDS OF SURPLUS CHEESE AND BUTTER TO 85,000 PEOPLE. MORE PEOPLE WAITED IN LINE, BUT THERE WAS NO FOOD FOR THEM.

HUNGER CENTERS IN CLEVELAND HAVE PROLIFERATED AND HAVE

EXPERIENCED MAJOR INCREASES IN THE NUMBERS OF PEOPLE REQUESTING ASSISTANCE. DURING DECEMBER, 1982, THE SALVATION ARMY OBSERVED A 56 PERCENT INCREASE IN THE NUMBER OF FAMILIES ASSISTED, A 209 PERCENT INCREASE IN THE NUMBER OF BAGGED CAN GOODS DISTRIBUTED, AN 81 PERCENT INCREASE IN THE NUMBER OF CHECKS AND VOUCHERS ISSUED AND AN 80 PERCENT INCREASE IN THE TOTAL NUMBER OF PERSONS ASSISTED. IN TESTIMONY BEFORE A HOUSE SUBCOMMITTEE, CLEVELAND'S MAYOR GEORGE VOINOVICH RECENTLY CALLED FOR EXPANSION OF THE SURPLUS COMMODITIES PROGRAM TO INCLUDE DISTRIBUTION OF OTHER BONUS FOODS BESIDES CHEESE AND BUTTER, AND FOR NO FURTHER CUTBACKS IN FEDERAL NUTRITION PROGRAMS. AS EXAMPLES OF THE KINDS OF EFFORTS BEING MADE IN CLEVELAND TO COPE WITH THE PROBLEM, CHURCHES AND CHARITIES HAVE OPENED MORE THAN TWO DOZEN NEW SOUP KITCHENS. CETA WORKERS HAVE RAISED 8½ TONS OF VEGETABLES IN 180 CITY GARDENS, AND FARMERS FROM GRAND FORKS, NORTH DAKOTA HAVE PROMISED 55,000 POUNDS OF ELBOW MACARONI TO THE CITY IN THE SPRING. BUT MAYOR VOINOVICH SAID; "WE HAVE REACHED THE END."

IN NEW ORLEANS THE MAYOR'S CITIZEN ACTION CENTER, WHICH IS AN INFORMATION AND REFERRAL SERVICE IN CITY HALL, EXPERIENCED A 222 PERCENT INCREASE IN CALLS REQUESTING FOOD FROM 1981 TO 1982. FOOD BANKS SERVED 64 PERCENT MORE PEOPLE IN 1982 THAN THEY HAD IN 1981, AND DURING 1983 EXPECT A TOTAL INCREASE IN DEMAND OF ALMOST 150 PERCENT OVER THE 1981 LEVEL. THE CLIENTS SEEKING SERVICES HAVE CHANGED, WITH MORE COUPLES AND YOUNGER PEOPLE AMONG THEM.

IT WAS THE SITUATION IN HIS OWN CITY AND IN OTHERS ACROSS THE NATION THAT PROMPTED NEW ORLEANS' MAYOR DUTCH MORIAL, WHO CHAIRS THE CONFERENCE'S COMMITTEE ON HEALTH, EDUCATION, EMPLOYMENT AND HUMAN SERVICES, TO CONVENE AN EMERGENCY MEETING OF MAYORS, CITY HEALTH AND HUMAN SERVICES DIRECTORS, AND REPRESENTATIVES OF NATIONAL SERVICE AND RELIGIOUS AGENCIES AND NON-PROFIT ORGANIZATIONS LAST NOVEMBER. IMMEDIATELY FOLLOWING THE MEETING THE MAYORS DEVELOPED AND ANNOUNCED A FIVE POINT PLAN FOR ASSISTANCE FROM BOTH

THE ADMINISTRATION AND THE CONGRESS, IN THE LAME DUCK SESSION, TO HELP AVERT A DISASTROUS WINTER FOR THOSE IN NEED. UNFORTUNATELY, THAT PLAN WAS NOT FOLLOWED AND THE PROBLEMS SEEM TO HAVE GROWN.

UTAHNS AGAINST HUNGER HAS REGISTERED A TENFOLD INCREASE IN REQUESTS FOR ASSISTANCE IN THE LAST SIX MONTHS. THE NUMBER OF FOOD PANTRIES IN THE SALT LAKE CITY VALLEY HAS ALMOST DOUBLED IN THE LAST YEAR. BUT THESE PANTRIES, WHICH RELY IN GREAT PART ON SURPLUS COMMODITIES, ARE VERY SHORT OF FOOD RIGHT NOW, BECAUSE OF THE TREMENDOUS DEMAND. WE HAVE SEVERAL SOUP KITCHENS IN SALT LAKE CITY, INCLUDING A NEW ONE IN THE WASHATCH PRESBYTERIAN CHURCH. THEY TRY TO FEED EVERYONE WHO COMES IN, BUT IT IS A REAL STRAIN. THE PANTRIES AND KITCHENS SEE A MARKED INCREASE IN USE DURING THE THIRD WEEK OF THE MONTH WHEN PEOPLES' BENEFITS RUN OUT.

WE HAVE SEEN A 30 PERCENT INCREASE--DUE TO RISING UNEMPLOYMENT--IN HOUSEHOLDS PARTICIPATING IN THE FOOD STAMP PROGRAM FROM JANUARY 1982 TO JANUARY 1983. SOME OF THE CHANGES IN THE FOOD STAMP PROGRAM THAT HAVE PARTICULARLY HAD AN ADVERSE EFFECT ON PEOPLE IN OUR CITY ARE:

- THE REDEFINITION OF A HOUSEHOLD, WHICH PENALIZES PEOPLE WHO GET HELP FROM OTHERS IN THEIR FAMILIES;
- PRORATING THE FIRST MONTH'S BENEFITS, WHICH ESPECIALLY HURTS PEOPLE AT THE END OF THE ALPHABET WHO DO NOT GET THEIR BENEFIT UNTIL THE 15TH; AND,
- RETROSPECTIVE ACCOUNTING, WHICH REQUIRES A PERSON WHO GETS A SHORT-TERM JOB TO COUNT THE INCOME FROM THAT JOB FOR TWO MONTHS AFTER THEY LOOSE IT. AS AN EXAMPLE, A SALT LAKE CITY WOMAN WITH TWO CHILDREN RECENTLY RECEIVED $65 IN AFDC BENEFITS AND $10 IN FOOD STAMPS, TWO MONTHS AFTER SHE LOST A SHORT-TERM JOB, WHICH, OF COURSE, HAD NOT ENTITLED HER TO UNEMPLOYMENT INSURANCE.

IN THE WIC PROGRAM ONLY THE MEDICALLY NEEDY RECEIVE ASSISTANCE IN UTAH. FUNDS ARE NOT AVAILABLE TO SERVE THE

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NUTRITIONALLY NEEDY. USDA ESTIMATED THAT THERE WERE OVER 82,000 PEOPLE ELIGIBLE FOR WIC IN 1982. DURING FEBRUARY, 1983 15,200 WERE SERVED. FOR A VARIETY OF REASONS, INCLUDING UNCERTAINTY REGARDING THE FEDERAL ALLOCATION, PARTICIPATION RATES IN UTAH HAVE GONE UP AND DOWN LIKE A ROLLER COASTER IN THE LAST TWO YEARS, HAVING A DISASTEROUS EFFECT ON RECIPIENTS. IT SHOULD BE NOTED THAT THE WIC PROGRAM IS OF PARTICULAR IMPORTANCE IN THE STATE OF UTAH WHERE THE BIRTHRATE IS TWICE THE NATIONAL AVERAGE, AT THE SAME TIME THAT OUR PER CAPITA INCOME RANKS 46TH.

IN THE SCHOOL LUNCH PROGRAM IN UTAH, THE MEAL COST HAS TRIPLED SINCE 1981 AND 32,000 CHILDREN, APPROXIMATELY 11 PERCENT OF THE PARTICIPANTS, HAVE DROPPED OUT.

SALT LAKE CITY HAS SEEN A TREMENDOUS INFLUX OF TRANSIENTS IN RECENT YEARS. MANY SOCIALLY AND ECONOMICALLY DISADVANTAGED PEOPLE THROUGHOUT THE COUNTRY HAVE LOOKED TO THE INTERMOUNTAIN WEST AS A GOOD PLACE TO FIND JOBS AND PUT THEIR LIVES BACK TOGETHER AGAIN. SALT LAKE CITY IS THE CENTRAL METROPOLITAN AREA THROUGH WHICH THEY PASS ENROUTE TO THEIR DESIRED DESTINATIONS AND TO WHICH THEY RETURN WHEN THEIR HOPES AND MONEY FADE AWAY. MANY TRANSIENTS ARE UNABLE TO ESTABLISH THEIR ELIGIBILITY FOR FOOD ASSISTANCE PROGRAMS, BECAUSE THEY DO NOT HAVE ADEQUATE IDENTIFICATION. AN IDENTITY CARD HAS BECOME A BARRIER TO PARTICIPATION. CONSEQUENTLY, IT BECOMES HARDER FOR MANY OF THE TRANSIENTS TO FIND THE HELP THAT THEY NEED.

THE FACT THAT YOU ARE HOLDING THIS HEARING INDICATES YOUR CONCERNS ABOUT THE RE-EMERGENCE OF HUNGER IN AMERICA AND, I HOPE, YOUR COMMITMENT TO FEDERAL ACTION TO HELP ALLEVIATE IT. WE WOULD LIKE TO SUGGEST SEVERAL ACTIONS FOR CONSIDERATION BY THE SUBCOMMITTEE.

1. <u>GREATER DISTRIBUTION OF SURPLUS COMMODITIES BY THE U.S. DEPARTMENT OF AGRICULTURE</u>. DESPITE THE NUMEROUS REQUESTS THAT HAVE BEEN MADE AND EXPLICIT DIRECTION FROM THE CONGRESS, TREMENDOUS QUANTITIES OF SURPLUS FOODS REMAIN IN

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STORAGE, AT SUBSTANTIAL COST TO THE NATION. LEGISLATION IS PENDING THAT COULD FACILITATE SUCH DISTRIBUTION. ALL NECESSARY STEPS SHOULD BE TAKEN. THERE IS SOMETHING FUNDAMENTALLY WRONG WITH PAYING MILLIONS OF DOLLARS TO STORE FOOD, WHILE PEOPLE IN THIS NATION GO HUNGRY. I URGE THIS SUBCOMMITTEE, IN ITS OVERSIGHT. CAPACITY, TO INVESTIGATE THE DEPARTMENT'S APPARENT RELUCTANCE TO DISTRIBUTE THE FOOD AND ITS UNWILLINGNESS TO REIMBURSE STATE AND LOCAL GOVERNMENTS FOR REASONABLE REIMBURSEMENT COSTS.

2. RESTORATION OF FOOD STAMP BENEFIT CUTS. WE KNOW THAT THE CUTS IN THE FOOD STAMP PROGRAM HAVE BEEN RESPONSIBLE IN PART FOR THE TREMENDOUS INCREASE IN DEMAND FOR FOOD AT SOUP KITCHENS AND FOOD CUPBOARDS. THE BENEFIT LEVELS SHOULD BE SUFFICIENT TO GET PEOPLE THROUGH THE MONTH. THE WORKING POOR SHOULD NOT BE PENALIZED FOR THEIR MEAGER INCOME.

3. INCREASED FUNDING FOR THE WIC PROGRAM. NUMEROUS STUDIES HAVE BEEN DONE THAT SHOW THE COST-EFFECTIVE NATURE OF THE WIC PROGRAM. AS FOOD PRICES HAVE INCREASED, THE PROGRAM HAS BEEN ABLE TO SERVE FEWER AND FEWER PEOPLE. IT MAKES SENSE,FROM A FINANCIAL AS WELL AS A HUMANITARIAN STANDPOINT, TO INCREASE FUNDING FOR THIS MOST SUCCESSFUL PROGRAM.

4. MAINTENANCE OF CHILD NUTRITION PROGRAMS, AT LEAST AT CURRENT LEVELS. WHILE THE CHILD NUTRITION PROGRAMS MAY SERVE SOME CHILDREN WHO ARE NOT POOR, FOR MANY CHILDREN THEY PROVIDE A NEEDED NOURISHING MEAL. OUR CHILDREN ARE OUR FUTURE. WE CANNOT AFFORD TO JEOPARDIZE THEIR GROWTH AND DEVELOPMENT.

5. PROVISION OF HUMANITARIAN AID TO THE VICTIMS OF OUR NATION'S RECESSION AND HIGH UNEMPLOYMENT. WHILE THE JOBS BILL NOW MAKING ITS WAY THROUGH CONGRESS PROVIDES SOME LIMITED ASSISTANCE, IT DOES NOT DO ENOUGH. FUNDING SHOULD BE PROVIDED TO LOCAL OFFICIALS THAT WILL ENABLE THEM TO RESPOND TO THEIR COMMUNITY'S PARTICULAR NEEDS FOR FOOD AND SHELTER.

WE ALL NEED TO SHOW SOME CARE AND CONCERN FOR THE LESS FORTUNATE MEMBERS OF OUR SOCIETY WHO ARE PAYING THE REAL

PRICE OF FIGHTING INFLATION THROUGH UNEMPLOYMENT. WE NEED TO SHOW COMPASSION FOR THE VICTIMS OF HARSH ECONOMIC POLICIES AIMED AT BALANCING THE BUDGET AND LOWERING THE FEDERAL DEFICIT ON THE BACKS OF THE WORKING PEOPLE. THERE HAS BEEN NO TIME IN THE LAST FORTY YEARS WHEN THE PUBLIC POLICIES OF THIS COUNTRY HAVE BEEN MORE INSENSITIVE TO THE HUMAN NEEDS OF THE LESS FORTUNATE MEMBERS OF OUR SOCIETY. AS MAYOR, I WILL DO ALL THAT I CAN TO HELP THE HUNGRY PEOPLE IN MY CITY. HOWEVER, I ASSURE YOU THAT THERE ARE LIMITS TO THE RESOURCES OF STATE AND LOCAL GOVERNMENTS AS WELL AS THE EFFORTS OF PRIVATE, CHARITABLE, AND RELIGIOUS ORGANIZATIONS. AS A TOP PRIORITY, I BELIEVE THAT WE NEED TO DO ALL THAT WE CAN TO ASSURE THAT THERE IS A JOB FOR EVERY PERSON WHO IS WILLING TO WORK IN THIS COUNTRY. THERE IS NO GREATER DESTRUCTIVE FORCE OF THE INDIVIDUAL, FAMILY AND SOCIAL VALUES WE CHERISH AS A NATION THAN UNEMPLOYMENT.

WHAT WE SEE HAPPENING TODAY IS A NATIONAL TRAGEDY AND A NATIONAL DISGRACE. WE CANNOT AFFORD TO LET IT CONTINUE.

Statement of Nancy Amidei, Director
Food Research and Action Center
before the
Committee on Agriculture, Nutrition, and Forestry
U.S. Senate
March 14, 1983

Mr. Chairman and members of the Subcommittee, I appreciate the opportunity to appear today. My prepared statement is short, but I would be appreciative if it and accompanying materials could be made part of the hearing record. I would like to use my time to comment briefly on conditions that I have found across the country that attest to the growing problem of hunger, comment on that in the context of the effectiveness of the federal food programs and generally--in light of the Administration's proposals for additional reductions in federal food assistance for fiscal year 1984.

Hunger in the 1980's

I have brought with me a sampling of news articles to be included in the record of these hearings. They speak to the growing problem of hunger, a problem made worse by the budget choices of the past two years. They are in roughly chronological order beginning in late 1981 when that year's budget cuts began to be felt. They are from all over the country. Let me read some of the titles: "Stemming hunger's tide" from Dallas, Texas; "Ranks of hungry swelling, but aid isn't" from Tucson, Arizona; "Facing Hunger Head On" in Martinette, Wisconsin; "Living On One Meal a Day, or Nothing," in Philadelphia, Pennsylvania and "Going Hungry in Chicago, (Illinois); "Hunger in Watauga (North Carolina);" "Hungry Finding Meals in Dumpsters" in California; and "U.S. hungry queueing up '30's style."

The stories are local and national. Occasional accounts of local "cheese lines" have been joined by national stories of soup kitchens everywhere, with leaders of religious and voluntary agencies all commenting on the need...the never-ending, daily-growing, need...for food. There are stories of the medical and social consequences of unemployment and hunger: babies hospitalized in convulsions from "water intoxication" because their mothers have no money for milk, rising rates of suicide and violence, children picked up by police for stealing food, more low-birth weight infants born of poorly nourished mothers, former executives begging in order to feed their children.

Some of the consequences are short term; others will be felt for decades. We can no longer operate on the hope that the economy will quickly turn around or that there will be no serious damage stemming from the budget cuts. The economy has not turned around--even if there is an upturn in some economic indicators there will continue to be high rates of unemployment for a long time to come. And, there are known, predictable, long-term human consequences when basic health and nutrition services are not available. Many more such news articles will be written if different choices are not made this year.

Yet the Administration has asked for another roughly $1.5 billion in food assistance cuts. In February the President defended the Administration against charges that his policies were "increasing hunger." The government, he said, now "subsidizes 95 million meals a day."

David Stockman and USDA officials cite the same figure. We have asked OMB and the Department of Agriculture what made up those "95 million meals" a day. Included are per-meal subsidies as low as 10¢ and 30¢; not included are any sense of how 10¢ would obviate the need for additional money for food, or justify in any way reductions in basic food assistance programs on which the growing ranks of poor and unemployed Americans depend. (Counted equally are the "subsidized meals" of food stamp recipients who get an average benefit of 45¢ as well as those food stamp recipients who get only $10.00 a month -- for a per meal subsidy of 10¢. WIC recipients get about $1 a day in food benefits, so their "meals" are subsidized to the tune of about 33¢.)

Hunger is a problem once again, on a scale unknown in this country for many years, and neither public nor private efforts meet that need.

Effectiveness of the Federal Food Programs

In 1967, a U.S. Senate Subcommittee heard testimony from six nationally known pediatricians who had recently returned from a trip to Mississippi. They had examined several thousand poor children, and in their report they said:

> We don't want to quibble over words, but 'malnutrition' is not quite what we found. ...the boys and girls we saw were hungry--weak, in pain, sick; .... They were suffering from hunger and disease and directly or indirectly they are dying from them--which is exactly what 'starvation' means. (U.S. Senate hearings, July 11 and 12, 1967.)

At that time there was little available in the way of federal food assistance, or food aid from private charities. Most counties only provided surplus foods to needy people and those were very limited in kind and number. Food stamps were only available in several hundred counties and had to be purchased (so people with little or no cash income could not participate), and the benefits did not keep pace with rising food prices. School lunches were available only to the schools that could afford it, leaving most of the poorest schools, with the largest concentrations of poor children, out of the program entirely. The school breakfast program had been authorized but not yet funded. WIC did not exist, nor were there any programs targeted to low income senior citizens. At that time private charities focused on raising funds for food assistance to the poor in foreign countries and not on providing food aid here at home.

Being poor in America in the late 1960's was to be at risk of hunger and malnutrition, as national surveys and local studies soon established.

The response from the Congress was thorough and extensive. In 1968 a Senate Select Committee on Nutrition and Human Needs was established, drawing its members from the standing Committee on Agriculture and the standing Committee on Labor and Human Resources. A National Nutrition Survey was ordered to be carried out by the U.S. Public Health Service which collected comprehensive nutrition status information on a national sample of over 45,000 people from all

income groups. A Pre-school Nutrition Survey did special analyses of those aged 1-6. Extensive hearings in Washington and across the country were held by the Select Committee, hearing witnesses from the professional health and nutrition communities, from religious leaders, parents, teachers, private industry and community leaders. Results of the USDA's National Food Consumption Survey (conducted in 1965) were analyzed and reported. Then, in 1970, President Nixon called the first White House Conference on Food, Nutrition and Health, and for "...an end to hunger in America itself for all time."

The evidence from all of these sources, compiled painstakingly over a period of years, was compelling and consistent. They found that hunger and malnutrition were serious, widespread problems among low-income Americans, and that some problems existed as well among specially vulnerable groups (most notably pregnant women, young infants, and the elderly) at higher incomes. The evidence also made clear that existing federal food assistance efforts were not adequate to the task at hand: donated surplus foods left people malnourished, the Food Stamp Program needed to be expanded and improved, and the child nutrition programs similarly required both expansion and improvement.

It was only as the evidence was compiled and proved persuasive that legislative changes were made. Because of the evidence, Congress mandated that surplus food distribution be replaced in every county by the Food Stamp Program (which explains why the percentage increase in food stamp use can be made to appear so dramatic — the base was very small, and the increases were ordered by the Congress). Congress established the program that has come to be known as WIC, and also began the congregate and home-delivered meals programs for the elderly. The Child Care Food Program (CCFP) was developed to insure good nutrition in child care settings for the young children of low-income and low-earning parents. Reimbursement levels for school meals were changed to make the programs more accessible to schools in poor communities.

By 1977, Congress had evidence before it that the federal response which they had developed and put in place in the years since 1967 was effective. A new National Food Consumption Survey conducted in 1977 found marked improvements in the diets of low-income people; evaluations of the WIC program became available showing dramatic evidence of cost-effectiveness and that even high-risk pregnant women were more likely to have full-term, full-weight, normal babies when they received the benefits of WIC; large and small studies and anecdotal evidence from all over pointed to a marked decrease in hunger and malnutrition and in the medical conditions stemming from them. And, in 1977, a larger team of health professionals went back to Mississippi and to other poor communities as well. This time they could report to a Senate Committee:

> ...there are far fewer grossly malnourished people than there were just ten years ago. .... The Food Stamp... Head Start, school lunch and breakfast...and...Women-Infant-Children (WIC) feeding programs have made the difference.

The evidence was clear: we were well on the way to ending hunger and malnutrition as serious problems, and the federal food assistance efforts — particularly food stamps — had made the difference. It was

rare in social policy terms to see evidence of such a dramatic, positive change in such a short period of time. Congress identified the problem, put a response in place, and had evidence of effectiveness (that is that the response was correct) in just ten years. That is a record to be proud of.

Current Budget Proposals

Knowing the history of the federal food programs, and the story of their remarkable effectiveness, makes information about the reoccurence of hunger and malnutrition as problems once again so much more poignant. There is no question that we know what works, and that we have learned a good deal about how to make the programs themselves more effective. We have the mechanisms in place; nothing needs to be invented or begun from scratch. We also know something about what doesn't work (distributing donated surplus foods to individual families, for example). We need only to give existing food programs the financial support needed to do the job for which they were designed.

It is important to keep in mind that this year's budget choices relate to what is already going on. I realize that no one in Congress wants to hear about the need for additional federal dollars, but that is simply inescapable. It will not be enough if the Budget Committee and the other Committees of Congress just maintain food assistance programs at current services levels. The need around the country is occurring at current services levels; current services levels are inadequate. Congress will need to add upwards of $2 billion for food assistance ABOVE FY 1983 current services levels, if we are to make any headway against the present problems of hunger and malnutrition. That would not restore everything that has been cut from food assistance efforts in the last two years (that would require about $5 billion above current services) even though that would more nearly help to meet the growing need. The need is once again so great, so widespread, and so desperate, that small amounts for additional surplus commodities will not do the job. To have any positive impact on hunger in 1983 and beyond, Congress will have to put substantial additional sums into the federal food programs which were so effective in reducing hunger and malnutrition in the past.

Finally, I want to put what I have just said in a bit of perspective. Between 1979 and 1980, poverty rose by over 13%; between 1980 and 1981, it rose another 7.5%. There was a higher incidence of poverty in this country in 1981 than we had seen since 1967 (numerically, the poverty count for 1981 was higher than any year since 1965). When the number of those living in households with incomes just marginally above the poverty line is included, the total comes to 44 million Americans who were in very low income households in 1981. Experience and past study tell us that those 44 million people are the group "at risk" of hunger, the number likely to need help just to keep food on their tables. Information on 1982 is just now being collected, but it is assumed that the figures will show an increase once again. (Closely related to the poverty statistics are the unemployment rates which have continued to remain exceptionally high.) The rise in poverty is a function of the state of the economy.

But who among the poor gets help is a function of the actions of Con-

gress and the Executive, and in the face of greater need than this country has experienced in many years, Congress has chosen the past two years to reduce the number of poor people eligible for any kind of publicly-aided help. Food Stamps, the largest of the assistance programs, only reaches 22 million people; just about 15 million get cash assistance from AFDC or SSI. Overall, 41.5% of the poor get neither food stamps nor Medicaid nor free school meals. The notion that most people in economic trouble get help from government sources simply isn't true. And it became much less true in the past two years. Twenty-nine states provide no welfare and no medicaid to a family with a father present — no matter how poor, sick, or desperate their circumstances. Many of the unemployed and their families qualify for no public benefits whatsoever, many others qualify only for food stamps.

And, for those who do get help from public sources, that help is now less adequate. This too is a function of deliberate choices made in the last two years. The most that an unemployed family can get on food stamps, if they have no other income in the house at all (unemployment benefits are exhausted, savings depleted, insurance policies cashed, relatives ability to help with loans exhausted) works out to 70¢ per person per meal. High-risk pregnant women in the WIC program now get fewer ounces of milk, and low-income children in child care settings can only get two meals and one little snack -- even if they are in care for 10 or 12 hours a day. The ability of WIC benefits to supplement inadequate food stamp benefits disappears for all those women and children who cannot get into WIC because of the ceiling on funds; for them, food stamps become the primary means of getting food.

The short version of the context in which your decisions on the FY 1984 budget are being made has three parts: poverty (need) is UP; eligibility for any form of help is DOWN; and even those who still get help, get less.

That is why the lines in the soup kitchens and emergency food pantries never seem to end, and why they always seem to double and triple in number at the end of every month. (The first week or so those emergency food outlets serve the millions who do not get any help from government sources, and the last week or two of the month they are also asked to fill the gap created by Congress in benefits which do not meet even minimal, emergency needs.)

When I mentioned at the outset that I appreciate the opportunity to be here, I am quite sincere. I hear the desperate pleas of all those fine, caring, decent people who have been asked to do the budget's dirty work. They are the ones who must turn away the frantic parents when emergency food supplies run out; they are the ones who must tell the elderly that there will be no more food this week or next. My plea to you is for them and for the people they are trying to serve. Anxiety levels everywhere are high and rising fast. The choices you make in the next few weeks will determine where they go next, and whether hunger will continue to be a major problem in the 1980's.

[The following articles were submitted by Ms. Amidei. Several other articles submitted by Ms. Amidei will be retained in committee files.]

[From the Washington Post, Nov. 23, 1982]

AMERICA'S POOR OVERLOAD SOUP KITCHENS, SHELTERS

(By Margaret Engel)

Mayors and state health officials gathered here yesterday to describe the nation's dependence on soup kitchens and public shelters as local governments and charities try to house, heat and feed a growing number of homeless people.

At an emergency meeting of the U.S. Conference of Mayors regarding shelter for America's poor, mayors told of schools, recreation centers, trailers and churches being pressed into service as shelters for the coming winter. Newly unemployed Americans, combined with large numbers of former mental patients, were swelling the number of people needing help, they said. For the first time, in several cities, mayors report that charity kitchens are rationing food because of the crush of requests.

"I've been in public service since 1951 and this is the first time we've had a soup kitchen," Arthur Holland, mayor of Trenton, N.J., said of a new city-run facility. "More and more people are coming to the mayor's office asking for a place to stay at night."

Throughout the country, mayors report the same crisis stories; overwhelming increases in citizen requests for help in paying fuel bills, rent and food.

"The crisis is beyond the city's capacity to respond," said Audrey Rowe, director of social services for the District, Rowe said the city is encouraging citizens to donate food, blankets and space in their homes for the homeless by contacting the church-run Luther Place in downtown Washington.

Housing and food problems are causing cities to seek unusual means of help.

In Kansas City, ministers are appealing to their congregations to share their homes with the needy, with the city offering to pay part of the homes' heating bills as an inducement.

A trailer, situated on land donated by Goodwill Industries, is set to open Dec. 1 to give emergency nighttime shelter in Newark. "Our city hospital said they will no longer be the dumping ground for people who need shelter," said Dennis Cherot, director of Newark health and welfare department. In Denver, increased demand forced the Catholic archdiocese to open a former high school as a shelter for 400 people. "There's always been the capacity to handle the street people," said Armando Atencio, manager of Denver's social services. "But there's a new population. We're seeing people with master's degrees and doctoral degrees, but just out of luck."

Food problems are universally severe, the mayors reported.

"Two years ago, the Volunteers of America food bank in Everett [Wash.] handled 320 families in November," said Fontaine Fulghum, of the national VOA office. "This month, 1,300 families have signed up for food." Unemployment in Everett is 12 percent, Fulghum said.

Nancy Amidei, director of the Food Research Action Council, said, "As wonderful as the churches and charities are, traveling from food kitchen to soup line is no way to feed a family 21 meals a month." She urged the conference to press Congress to restore food stamp and Medicaid cuts. "If Franklin Delano Roosevelt could say he saw one-third of the nation ill-housed, ill-clothed and ill-fed, today, we see one-fifth of the nation with the same problems."

City officials across the country said they are trying to pass laws forbidding evictions and utility shut-offs during the winter, and are appealing to the airlines and wholesale food terminals for unused food and to hospitals for used blankets and linens.

In Cleveland, the Mayor's Committee on Aging is working with the East Ohio Gas Co. to distribute wool and felt hats to the elderly in an attempt to ward off hypothermia, a chief killer during frigid temperatures.

Health officials reported that increases in suicides in Baltimore and infant deaths in Michigan are tied to the recession. Several health officials also warned that the nation can expect more fire deaths this winter, as those whose gas and electricity are already shut off depend on space heaters, stoves and candles for warmth.

"Many people in our city actually froze to death [last winter]," said John Waller, director of public health in Detroit. "We will be seeing that, and many people starving to death" this winter.

While mayors and social workers stressed the new ways their cities are responding to the need for housing, most looked to Washington for help. "The stark reality is that the private resources are not sufficient," said Melanne Verveer, of the U.S. Catholic Conference. "We're looking for any support the lame duck Congress can give us to get through this winter.".

Ernest Morial, mayor of New Orleans, who said every bed in the city's rescue missions and emergency shelters is full, noted, "we're not overlooking local initiatives but there are harsh days ahead and more unemployed than ever to handle." Added Tom Cooke, mayor of East Orange, N.J., "This is a cry to the federal government to help. We are in dire need to help the homeless people roaming our streets."

[From the Cedar Rapids Gazette, Feb. 7, 1982]

How Would Food Stamp Shift Affect Farmers?

President Reagan's "New Federalism" proposal to shift the administration of food stamps from the federal to state level has some Iowa farm leaders concerned.

Other farm leaders think the idea is great.

The opponents object to the shift on humanitarian grounds, and they say they'd lose political clout and a valuable market if Congress adopts the plan. Congressmen from farm states have received support from urban colleagues for agricultural legislation because the bills included food stamps, a popular program with lawmakers from large cities.

"Food stamps have kept urban congressmen interested in rural programs," Curt Sorteberg of Des Moines, an Iowa Farmers Union official, said last week.

"Farm legislation hasn't had much trouble in the Senate, but we've had problems in the House. We've convinced many House members to support bills affecting farmers by pointing out that rural House members support food stamp legislation."

A U.S. Department of Agriculture study a few years ago showed that a $100 cut in food stamp funding would reduce outright food expenditures by $35 and reduce farm income by $14, they say.

"Such a move would definitely hurt farmers," says Richard Steffen of Dunkerton, state president of the National Farmers Organization.

"That's a $12 billion-a-year market for food, and farmers are in the food production business. If the hungry people don't get food to eat, that will have a definite depressing effect on farm prices."

From a humanitarian standpoint, Sorteberg says he doesn't like the thought of individuals going hungry, a condition he says often existed when the food stamp program was administered by the states during the 1960s.

Sorteberg, a former high school teacher in Minnesota during the 1960s, recalled sending some of his students on a fact-finding mission to Kentucky.

"They came back with slides of a kid graduating from high school who actually looked like he was only 10 years old," Sorteberg said.

Not all farm groups share Steffen's and Sorteberg's views.

Iowa Farm Bureau President Dean Kleckner of Rudd favors the shift to the states.

"We'd get more programming for the dollar if we don't have to send our money to Washington before it's dispersed in the states," Kleckner said.

Kleckner doesn't buy the idea that farmers would lose political clout, either.

"Farm legislation should be passed on its own merits and not on the basis of the 'I'll scratch your back if you'll scratch my back' mentality," Kleckner said.

Kleckner's farm group is a frequent opponent of farm legislation advocated by Sorteberg's Iowa Farmers Union and Steffen's National Farmers Organization.

The Farm Bureau wants to phase out federal price supports, while the other two groups want high price supports and acreage reduction programs.

"We've had disastrous farm legislation passed when the two issues—food stamps and farm programs—and are tied together," Kleckner said.

Kleckner also doesn't think the demand for farm products would suffer. "We all want help for the truly needy," Kleckner said, "But we have a ridiculous number of people getting food stamps today. A better solution would be for these people to get a job and buy food."

The main advocates of federal control are the food stamp recipients themselves.

Nancy Amidei, executive director of the Food Research Action Center in Washington, a lobbying group for food stamp recipients, said she is concerned that inequities might develop if states took over the food stamp program.

"Welfare benefits for a family of four range from $120 a month in Mississippi to $500 a month in Vermont," Amidei said in a telephone interview.

"Think of what variation in rules we'd see if food stamps were also administered at the state level. Hungry folks would be moving from one state to another just to qualify for more food stamps."

Kleckner, who advocates the shift, admits there might be some variation in the levels of funding for food stamps from state to state.

"But there are different levels of costs involved, too," Kleckner said. "Food prices aren't the same across the country."

Sorteberg thinks some states might be able to absorb the increased costs of food stamps better than other states because of a difference in property taxes and industrial bases.

For example, Sun Belt states, which overall have been attracting industry, wouldn't have to raise taxes, while states with declining populations in the Northeast and Midwest might have to hike taxes. That, in turn, would discourage new industries from locating in those regions, he said.

Amidei says food stamp recipients are already behind in funding, as the amount of food stamps currently being dispersed is based on grocery prices in September 1980. "And food has gone up in price since then," she said.

Some 23 million individuals last year received food stamps. Reagan administration spending cuts have reduced that number by a million this year. Food stamps cost the Department of Agriculture $11.3 billion last year, nearly six times the amount allocated for farm price supports.

Amidei said some of those recent food stamp cuts affected poor, elderly and disabled individuals who also received benefits under the Supplemental Security Income program.

The average food stamp benefit is $1.30 a day. The most a food stamp recipient can receive is the equivalent of $2 a day. The average income of food stamp recipients is $300 a month.

Generally the number of people on food stamps is keyed to the nation's unemployment rate, Amidei said. A million more individuals qualify for food stamps each time the unemployment rate increases one percent.

Amidei doesn't think the Reagan proposal will pass Congress, but if it does, the shift would occur during the 1984 fiscal year.

"Some say this is a new concept, but it isn't," Amidei said. "Food stamps originally were administered at the state and local level, but the program didn't work."

Food stamps originated in the World War II era, when they were first issued to ration food. The concept was revived in the 1960s by President John Kennedy, who used the World War II authorization for his plan to combat hunger. Kennedy got a first-hand look at the hunger problem while campaigning in the West Virginia primary in 1960. During the campaign, he pledged to fight hunger if elected president. He was, and he did.

Kennedy's food stamp program started out on a pilot basis in eight counties across the nation in 1961. Congress made the plan permanent in 1964 when it passed the Food Stamp Act.

By 1968, the program was operating in a third of the counties in the nation, but eligibility rules and participation levels varied widely.

The Senate Select Committee on Nutrition and Human Needs, chaired by Democratic Sen. George McGovern of South Dakota, took note of starving children in Mississippi during hearings conducted in the late 1960s. The findings of the so-called McGovern Hunger Committee were confirmed by a USDA study and another report by the Public Health Service.

Congress in 1971 established national standards for food stamp eligibility, and two years later Congress made the food stamp program mandatory in every county in the nation.

[From the Washington Post, Oct. 23, 1982]

UNION SETS UP BREAD LINE—EX-STEELWORKERS, FAMILIES WAIT FOR FOOD

(By Margaret Engel)

BALTIMORE.—Steelworkers Local 2610, with one-third of its 7,500 members out of work, turned its basement over to a food line yesterday, but the dried beans, canned vegetables, potatoes and frozen pizza did little to lift the spirits of the 250 discouraged men and women who waited silently for up to an hour in the dingy hallway.

"I am humiliated. I hate this," said Barbara Fleishell, 30, holding her 17-month-old daughter on one hip. Her husband, Bill, an electrician with Bethlehem Steel for the last 12 years, was laid off in April. "We need the food," she said.

This is the second time in as many months that the union has organized a food giveaway, raising money from collection buckets at the plant gates and local bars.

As desperate as their members are now, at least 600 from this union alone will be in worse shape on Dec. 1, their first anniversary of unemployment, when they will have exhausted all state and federal jobless aid. Barring any last-minute government action, thousands of former workers in Maryland and nationwide are fast approaching an end to the minimal unemployment payments that are keeping them and their families, afloat.

With five weeks until his $140 weekly unemployment checks end, Chris Glinos, 24, and his wife, Pat, a housekeeper at a Baltimore furniture store will give up their apartment this weekend and move into the basement of his widowed mother's house.

"I try to keep a smiling face, but I'm afraid it will affect the marriage," Glinos said, as he waited in the food line. "I can't get any work." He said he has been turned down for more than 20 minimum-wage jobs because local employers are reluctant to hire steelworkers, knowing they will return to the higher-paying mills at the first opportunity.

"I'm not proud for myself that I'm here." Glinos said. "My wife hopes I come home with some food. Everyone's barely making ends meet," he said, adding that he had to sell his car in July. "The country's falling apart."

Many of the steelworkers expressed confusion over whether the federal government is willing to help them. President Reagan's decision to limit foreign steel imports on Thursday was cheered, but Treasury Secretary Donald Regan's blunt advice to steelworkers to "forget" their jobs still rankles.

"We'll say the same thing to him," vowed Peter Wray, 31, chairman of the food program. "He can forget his job in two years."

Others who concede that they may have to switch careers are frustrated by their inability to change their lives to that degree. "If you don't have a job, how do you save up to go to night school?" asked Don Irvine, president of the local. "Sure there's an electronics apprenticeship at Sparrows Point [the site of Bethlehem Steel], but half of those people are laid off, too."

"Management and the government will have to face up to their responsibilities," Irvine said. "We have young college students who can't get a job selling hamburgers."

But retraining is a long way from the minds of many of the jobless. The lure of the high steel mill salaries and a work routine that's familiar remain a strong attraction for many of those living chiefly on hope. "I love that job," said Michelle Reed, 27, laid-off sewer cleaner at Bethlehem Steel. "I've worked there nine years and I'd go back in a minute."

She hoisted a bag from the sea of groceries covering the scuffed linoleum. "Someone's got to make steel here in Baltimore. We can't all just blow away. Somebody's got to do something for us."

Yesterday, the only assistance for the steelworkers came in two brown paper bags, a temporary effort to stave off hunger for some and to let others save $10 or so in order to pay their soaring utility bills.

"Thanks, man," was the gruff response of one steelworker as she reached for the groceries from a union volunteer, after a long, embarrassed silence. "It was getting pretty rough. You know how it is."

[From the USA Today, Nov. 24, 1982]

Feed the Hungry, Then Give Thanks

Maybe it is poor taste to mention real hunger the day before Thanksgiving, when the chief question in most American homes is whether to have pumpkin or mince pie.

But the truth is that real hunger is showing its gaunt face across this country in a way not seen since the Great Depression. The hungry aren't just vagrants who have poured their lives into a bottle. Too many are men, women and children, who are so new to being poor that they are embarrassed to ask for help.

This year, a Portland, Ore., food bank has a 250 percent increase in calls for help. The Salvation Army is trying to meet 40 percent more requests for emergency food nationwide—60 percent in the nation's capital. A pediatrician at a Boston hospital says 18 percent of his tiny patients are malnourished. In Brooklyn, N.Y., a Catholic charity reports aiding 200 families a month instead of 50.

In this land of plenty, when farm surpluses are bursting the seams of storehouses, how can that be? Well, there are more poor and less federal, state and local aid.

The problem is that 11.6 million Americans are unemployed, only one half covered by job insurance. When fewer people have money, more people go hungry. The result: A Detroit public health officer who disclosed that many people froze to death there last year, predicts more will die of starvation this winter. That specter of hunger haunts many American communities.

The nation's mayors, meeting this week with charity groups in Washington, asked the federal government to provide $500 million for emergency aid. They also sought more surplus food for soup kitchens to feed the hungry.

Before asking "Big Brother" in Washington to act, the mayors should ask themselves how much local tax money is wasted on boondoggles and if they have proposed that local taxpayers contribute more for the poor. Volunteer charities should cut "administration" budgets to the bone and divert every possible dollar to feed the hungry. Congregations must make sure that enough of their Sunday collections go to the real ministry: helping the needy. People with money who applauded President Reagan's call for "volunteerism" should answer his call by giving more than ever before.

The federal government must do its part. Hunger, after all, is a national problem as well as a national disgrace. But no American who is still working—and still eating—should be comfortable at the Thanksgiving table when so many other Americans are going hungry.

QUOTELINES

"It is hard to stimulate interest in the world hunger problem. Nobody wants to be bombarded with guilt."—Singer Kenny Rogers, World Hunger Media Awards

"When (people) give their children to welfare agencies . . . because they can't feed and clothe and house (them), something is very badly wrong in this country."—Nancy Amidei, Food Research and Action Center

"City officials estimate on average that only 43 percent of the demand for emergency services is being met. People are homeless and hungry."—W. T. Donahue, City Human Services Officials

"They are unemployed but they've worked for 20 years. They have a house. They want to keep up the mortgage payments. . . . To do that, they cut down on food."—Christine Capito Burch, American Federation of State, County and Municipal Employees

"We are playing into Reagan's hands by increasing private feeding activity while the federal government is doing all it can to shirk its responsibility."—Mark Patton, Conn. State Food Bank

"Churches would nearly have to triple or quadruple their funding to fill the void. It will just not be possible for churches to do this."—The Rev. K. W. Jefferson, Office of Urban Ministries, United Methodist Church.

[From the Waukegan (Ill.) News Sun, Jan. 11, 1983]

Poverty Gap Becoming Sinkhole

(By Ellen Goodman)

The daily newspapers arrive, dropping another load of contrasts at my doorstop.

On one page we are told that Reagan may cut a billion dollars from the food and nutrition programs. Further in the paper, in the food section, we are told that "Houston alone ate two tons of pate in December."

What are we to do with these two pieces of information? The newspaper has neatly separated them into compartments. Should we do the same thing, keep these items apart so the facts won't rub against each other, igniting our emotions?

I clip these entries and add them to my collection. I already have two items from the New York Times Magazine of Jan. 2: a description of a woman in a housing project in Brooklyn who cooks chicken backs and noodles for her family's one daily meal (page 22) and a full-color recipe for oysters with leek butter (page 27).

I also have a Washington Post from the week before. In one story, the formerly middle class in Detroit are lining up for handouts. In another, the chic people in Washington explain that they only pick at elegant buffets: "You've seen one shrimp, you've seen them all."

There are others, of course. In New York, a movie producer, Dino De Laurentiis, has opened a giant gourmet store which he named DDL Foodshow, as if food were for show. The salami there can cost $6.99 a pound and veal goes as high as $8.75 a

quarter pound. I am told that the aisles at this store are almost as full as the stairway at the Yorkville Common Pantry soup kitchen a couple of miles away.

What does one say about these culinary displays of the gap between haves and have-nots? What do you say about the ads for weight reduction and tales, of people shoplifting milk?

With a scissors in my mind, I feel like a curator of cliches. But these are not our cliches. They are the cliches of Theodore Dreiser, of Charles Dickens. They are the cliches, for heaven's sakes, of Pravda.

I won't label my exhibit with morals. I am not suggesting that the people of Houston give up their passion for pate. I won't admonish the people at embassy parties to think of the poor starving children in Detroit and clean their plates. Nor shall I tell the Foodshow to become a soup kitchen.

Americans learn to live in a culture of haves and have-nots. We coexist with some inequality and teach our children the survival techniques of dulled sensibilities. We walk around certain people, drive around "bad" neighborhoods, and comfort ourselves with the notion that our government is helping, and besides, America is better than . . . .

But there is a point, a moment—and I think this one—when we wonder whether we've become too good at not noticing. We see again all the contrasts, all the gaps, as if we were visitors in Calcutta.

Maybe it's happening again because the numbers of poor have increased to some critical mass. Maybe it's because the contrasts are so stark: Last year the stock market rose 171 points and unemployment rose 2.5 million. There is little subtlety in that statistic for my collection.

For the first time in most of our lives, the first time since the New Deal, we have a government that is not muting inequalities but sharpening them. How dulled a sensibility could be immune to the news that the government has been considering more cuts in food stamps and school lunch and child nutrition?

Suddenly America is not better than. . . . Every day now, European journalists call Nancy Amidel of the Food Research and Action Center (FRAC) asking whether it can be true that unemployed steelworkers in Pennsylvania are eating leftover onions donated by farmers.

The creatures and creators of Reaganomics counted on our ability to walk around the bodies. They have assumed that those of us with jobs, those of us who have "slipped" only as far as shopping at sales and juggling bills will quietly count our blessings and not notice that others have missed their dinner.

But we are not comfortable living cliches. There is something primal about feeding. There is nothing like hunger to sharpen the senses, and the consciences.

My own file has a collection of the gaps between haves and have-nots. But in real life, poverty isn't a gap. It's a sinkhole. Untended, the ground will collapse under a wider and wider number of people. We know the sound it makes, a noise as ominous as the rumbling of an empty stomach.

[From the Philadelphia Inquirer, Dec. 1, 1982]

Defense Depends on Health

What's good for growing children? A sound diet, including milk, fruit and vegetables. That goes without saying.

What's good for a strong nation? Healthy children growing up to be healthy adults. That ought to go without saying, but the Reagan administration neither says it or sees it. The Office of Management and Budget is reliably reported to have at the top of its hit list for the 1984 budget the child-nutrition programs already severely hit by the administration's budgetary axe.

The Department of Agriculture's figures show the dimensions of the cutbacks. Thanks mainly to cuts in federal funding, plus increased prices for school lunches, reduced eligibility and complicated new forms that some parents don't understand, the number of children participating in the school lunch program has dropped by more than three million; 2,700 schools have dropped out.

In Pennsylvania, according to a survey by the Food Research and Action Center, a nonprofit law firm, 275,827 students have been dropped from the school lunch program, 72,108 of them so poor that they had been getting their lunches free. Among the 44 states that responded to the survey, Pennsylvania has the dubious distinction of leading in the number dropped. In New Jersey 84,735 students are off the school lunch rolls, in Delaware, 8,652.

Nationwide, one-third of the children no longer getting school lunches come from low-income families. Those children, according to another USDA study, have de-

pended on the school lunch program for one-third to one-half of their daily nutritional intake.

School lunches aren't all the administration has targeted. It also has set its sights on school breakfasts (already cut by 20 percent), the Special Supplemental Food Program for Women, Infants and Children (WIC) and that perennial target, food stamps. The USDA has even proposed eliminating meal subsidies for orphanages, homes for mentally retarded children and other residential-care facilities for juveniles, for a savings of $60.5 million.

That added to the $1 billion the administration has "saved" on school lunches would hardly make a ripple in the ocean of money, officially estimated at $26 billion, that the administration wants to spend on the MX "dense pack" system. Why can't the administration figure out that defense also depends on healthy people?

Why does the United States have to relearn the lesson it learned more than a generation ago? Then, having discovered the large number of potential draftees who couldn't serve in the armed forces because of nutrition-related health problems, the federal government launched the school lunch program in 1946, and followed it up with other nutrition programs that virtually ended hunger and malnutrition in this richest of nations.

The lame-duck Congress, in the omnibus spending bill its leaders on both sides of the aisle are considering, would do well to resist further cuts in nutrition programs, and the new Congress meeting in January would do even better to restore them.

[The following articles were submitted by Senator Andrews:]

[From the Minot Daily News, Feb. 21, 1983]

March Project for Farm Groups: Noodles for the Needy

The North Dakota Wheat Producers and the United States Durum Growers have established a "Noodles for Needy Program" to help unemployed in depressed areas of the country under a program being conducted in conjunction with the State Mill and Elevator at Grand Forks, Noodles by Leonardo in Cando and Strout Plastics of Bloomington, Minn.

Robert Knorr of Sawyer, president of the wheat producers group, said the idea originated with a number of growers who wanted to help a needy area in the United States and make use of the large grain surplus which is hampering markets.

Monroe Scheflo of Bottineau, durum growers president, reported that during the first week in March trucks will stop at designated elevators to pick up bags, buckets or baskets of wheat from farmers who want to help. Non-farmers or those not having wheat can leave a check for a donation at a designated elevator.

Once the wheat is collected, the State Mill has agreed to mill it into flour.

Flour will be transferred to the Noodles by Leonardo plant where it will be processed into elbow macaroni and bagged into 1-pound bags.

From there part of the noodles will probably be shipped to Cleveland for distribution. Remaining noodles will be distributed in North Dakota by Community Action groups in conjunction with the federal government's cheese and butter distribution. Bags are donated by Strout Plastics.

"It's hard to realize that the economy in this country is suffering partially because of agriculture surpluses and yet we have hungry people all over the United States," Knorr said in a news release. "If we were getting even $4.50 a bushel for our wheat, many of those people wouldn't be unemployed because the jobs of everyone from farm implement dealers to tractor manufacturers to steel mills to iron mining depend on agriculture. When the agriculture economy gets depressed, it's a chain reaction."

He said agriculture provides the basis for 25 percent of all jobs in the country.

Scheflo said 3,000 bushels of wheat should yield a little more than 100,000 pound bags of noodles.

He said it is hoped to complete the collection by March 4 and to distribute the noodles by mid-March.

Wheat producers or others wishing to donate can get further information from the wheat producers' office in Bismarck, 1-800-932-8822.

Designated elevators will be announced next week.

[From the Pittsburgh Post-Gazette, Oct. 15, 1982]

Hunger Here and Abroad

Until recently, when the word "hunger" was mentioned most Americans thought of it as a problem somewhere else in the world.

Government programs like Social Security, food stamps, surplus-commodities distribution and free school lunches presumably had lifted that scourge in the United States. It was comfortable to focus on the purpose of World Food Day, initiated in 1979 by the Food and Agricultural Organization of the United Nations to "heighten public awareness of the nature and dimensions of the long-term world food problem."

But as World Food Day is observed tomorrow, there is a new focus for Americans. The recession and administrative rule changes by the Reagan administration to remove recipients from welfare and food-stamp rolls have produced a new need along with relief efforts unknown since the Great Depression. Not just the traditionally needy are affected; here in Western Pennsylvania steel worker groups have set up food banks to help out families of their laid-off members.

The major private nonprofit agency in the field in Pittsburgh, the Hunger Action Coalition of Pittsburgh, reports it has had to devote an increasing amount of time to working on local hunger issues. (A 1977 study by the coalition and the Office of Urban Research at the University of Pittsburgh estimated that hunger affects 48,000 residents of Allegheny County annually). The coalition started the Pittsburgh Community Food Bank, which now services about 300 sites and pantries around the county and some outside it; initiated the establishment of 50 food pantries to provide emergency food assistance to those in need; and organized distribution of USDA surplus commodities on a regular basis.

The agency has had help from businesses with unwanted food—cereal with too many raisins in it, grapefruit juice tinted the wrong color, day-old bread and the like. But it stresses the need for money, food and the time of volunteers.

Yet officials of the Hunger Action Coalition say that, important as this emphasis is, the larger dimensions of world hunger should not be forgotten on World Food Day. An estimated half a billion people now suffer from hunger or malnutrition, with children under five making up over half of the malnourished.

Until recently, the consensus among international hunger experts was that the cause of hunger is simply too many people and too little food to go around. Now a surprising number of experts believe that worldwide hunger is essentially the result of poverty, so that reducing poverty is the primary solution.

Because land in many countries increasingly is held in fewer and fewer hands, land reform is necessary. Too often, also, crops for export are emphasized, to the detriment of growing food for domestic use. Problems of distribution, transportation and credit systems for farmers also hinder the task of feeding hungry mouths.

An America that harvests more than half of all exported grain and holds the largest grain reserves in the world obviously is in a pivotal role. It is not surprising that on World Food Day the eyes of a world with so many hungry people are particularly on the American government and the citizens whose votes determine its leadership

[From the Valley City (N. Dak.) Times-Record, Feb. 22, 1983]

Noodles Program Would Deplete Grain Surplus

Bismarck, N. Dak.—A Noodles for the Needy program is expected to yield a gift of some 100,000 pounds of elbow macaroni for hungry people, many in the Cleveland, Ohio, area, a spokesman says.

"The idea for the noodles originated with a number of wheat growers who wanted to help a needy area in the United States, and make use of the large (wheat) surplus which is hampering our markets," says Bob Knorr, a Sawyer area wheat farmer.

The idea is for North Dakota wheat producers to donate some of their durum wheat, hard red spring wheat, or even other grain.

In turn, the state-owned Mill and Elevator in Grand Forks will turn the wheat into flour. A Cando firm, Noodles by Leonardo, will process the flour into elbow macaroni, and it will be packaged in one-pound bags donated by Strout Plastics of Bloomington, Minn., Knorr said Monday.

Knorr is president of North Dakota Wheat Producers, Inc., which is promoting the Noodles for Needy program with the U.S. Durum Growers Association.

They hope to eventually expand the program to other needy areas in the U.S., and even abroad.

Knorr, 39, said members of both associations will drive their trucks to designated grain elevators "to pick up bags, buckets or baskets of wheat from farmers who want to help.

"Those who aren't farmers or who don't have wheat can leave a check at a designated elevator for whatever they wish to donate."

Cleveland has been recommended by various social service groups "as an area of need for this product," Knorr said. "There are many others. One of our problems is where is the area of greatest need . . ."

"We hope to receive enough grain that we can produce in the neighborhood of 100,000 one-pound packages of macaroni."

"One pound of noodles is estimated to feed around five people," said Monroe Scheflo, president of the durum growers group.

One load of macaroni—the amount not specified—will go to Cleveland. "The other load will go here in North Dakota, because we have areas in need in this state also," Knorr said.

North Dakota is the nation's top producer of durum wheat and hard red spring wheat, Knorr said. Durum is used to make pasta products, and hard red spring is a bread wheat.

He said the wheat growers hope to receive about 3,000 donated bushels, which have a current market value of about $3.50 a bushel, to come up with 100,000 pounds of macaroni.

"Our concern is not what the cost of macaroni is," he said.

Wheat producers believe the program ". . . would help out those people that receive the product that may not know where their next meal is coming from.

"Also of concern to us is overproduction in agriculture in this state. Our prices are low because there is too much supply. In this country and abroad, there are people who are starving.

"We want to bring to light the fact that we in agriculture here in North Dakota are concerned about hunger, in the states and abroad. Maybe this is one way we can bring light to that problem."

If the program is successful, "we would hope we could even ship a container (of macaroni) abroad. That will depend on how much grain we get."

Designated pickup points for the grain may be announced next week, he said. The grain is to be picked up the first week of March, "and the noodles distributed by mid-March," Scheflo said.

[From the North Dakota Union Farmer, Mar. 18, 1982]

Federal Food Cuts Unfair, Need Correcting in 1982

Washington, D.C.—The federal food nutrition programs were dealt a heavy blow by the Reagan administration's unequal budget cuts in 1981, according to Nancy Amidei, director of the Food Research and Action Center (FRAC), and people must join together to keep Congress from enacting similar cuts proposed by the administration in 1982.

Addressing the 80th annual convention of the National Farmers Union here March 2, Amidei said the $4 billion cut from federal food and nutrition programs represented 10 percent of the total 1981 budget cuts. Whereas the food and nutrition programs utilize a miniscule portion of the federal budget, defense and other favored costly programs received either no cuts or large increases.

The $4 billion total cuts included $1.5 billion slashed from various child nutrition programs. A $1 billion cut to the school lunch program eliminated a third of its total budget.

The result, Amidei said, has been that 1,200 schools across the country have dropped entirely out of school lunch programs and serve no meals during school time. Some 800 schools no longer serve the school breakfast program after the federal cuts.

The food stamp program was cut by $2.4 billion. Yet the families of food stamp recipients, according to Amidei, had an average family income just over $300 a month. They receive an average of just $1.30 per person per day from the program for food. Food stamp recipients are not wealthy families and the program is efficiently run, she claimed, since administrative costs are only five percent of the total budget.

Other cuts in 1981 included a one third reduction in funds for the Child Care Food Program, which helps provide food for children in child care centers, and a small cut for the WIC program, which helps low income nutritionally deficient pregnant and nursing mothers.

For 1982, the Reagan administration has proposed an additional $3 to $3½ billion cut for food and nutrition programs. A proposed $2.8 billion slash in food stamp funding would affect 80 to 90 percent of recipients with reduced or eliminated benefits, Amidei said. The Special Milk Program and the Nutrition Education and Training Program would be entirely eliminated.

Noting that half of the members of Congress have served less than six years, Amidei said, "How quickly they forget . . ." the reasons why the food and nutrition programs were created.

The food stamp program was established in the early 1960's after President John Kennedy found tremendous poverty in Appalacia during his campaign, she explained. The school lunch and child nutrition programs were improved in the late 1960's after researchers came back from Mississippi shocked after finding American children literally starving.

Amidei expressed optimism that the present "hostility" in Washington towards food and nutrition programs will be changed. A wide range of people, she said, are saying that the budget last year was too lopsided and are now calling for a fairer budget in 1982.

"Today we know that these food assistance programs work," Amidei said. "They save lives. They reduce the infant mortality rate. They cut down on the likelihood of mental handicap or retardation among children of low income women. They see to it that children are alive and alert in classes and get the most out of their education. They help make it possible for people to take low-paying jobs and know that their children are going to get a decent meal in their child care arrangements. They make it possible for elderly people on Social Security and fixed incomes to get a decent meal once a day. They make it possible for millions of Americans who otherwise would go without adequate food to eat."

STATEMENT OF PAUL KITTLAUS, CHAIR, INTERRELIGIOUS TASKFORCE ON U.S. FOOD POLICY

I am Paul Kittlaus, chair of the Interreligious Taskforce on US Food Policy and director of the Washington office of the United Church of Christ.

The Taskforce is a coalition of over two dozen national Protestant, Roman Catholic, Jewish, and ecumenical agencies that work together for justice for the world's poor and hungry people. While the Taskforce speaks for itself only and not for the religious bodies that participate in its work, Taskforce testimony is generally consistent with the public policy recommendations adopted by those bodies. We welcome this opportunity to present testimony on the federal food assistance programs at this important hearing. Mr. Chairman, we wish to express our appreciation for the strong support of the federal food programs demonstrated by the members of this subcommittee.

In our testimony, we would like to touch upon three points: the overwhelming evidence of the effectiveness of the food assistance programs, the detrimental impact of recent budget cuts on the programs and the nutritional status of the poor in this country, and the likely adverse effect of the administration's FY 84 proposals if adopted.

Domestic Nutrition Programs: A History of Success

Hunger in America strikes deep at the heart of our sense of identity as a nation. When the Field Foundation medical team reported their findings from their national hunger survey to Cnngress in 1967, we reeled from the blow. The richest nation in the world had large numbers of hungry people? The thought was an affront. And yet the evidence was substantial.

"Wherever we went and wherever we looked," the doctors reported, "we saw children in significant numbers who were hungry and sick, children for whom hunger is a daily fact of life, and sickness in many forms, an inevitability. The children we saw were more than just malnourished. They were hungry, weak, apathetic. Their lives are being shortened. They are visibly and predictably losing their health, their energy, their spirits. They are suffering from hunger and disease, and directly or indirectly, they are dying from them--which is exactly what 'starvation' means." (Nick Kotz, Hunger in America: The Federal Response. The Field Foundation, New York, 1979. In this publication, Kotz gave an overview of the 1967 survey sponsored by the Field Foundation, its follow-up report in 1977, and cites a wide variety of other reports substantiating the improved nutritional health of poor Americans over that 10-year period. Unless otherwise cited, our references in this testimony are taken from the Kotz paper.)

Congress rose to the challenge and enacted more than a dozen food aid laws in ensuing years. The programs implemented as a result of those laws have made a significant difference in the nutritional status of the nation's hungry. Numerous studies, including a follow-up report from the Field Foundation team, have shown the effectiveness of the domestic nutrition programs of our government.

The 1977 follow-up report stated: "Our first and overwhelming

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impression is that there are far fewer grossly malnourished people in this country today than there were ten years ago. Malnutrition has become a subtler problem. The food stamp program, the nutritional component of Head Start, school lunch and breakfast programs . . . (and) the Women-Infant-Children (WIC) feeding programs have made the difference."

Other studies document the effectiveness of these programs.

Food Stamps: The Food Stamp Act of 1964 was passed with the stated intent "to safeguard the health and well-being of the nation's population and raise the levels of nutrition among low income families." The Field Foundation physicians and other observers assert that food stamps are making a crucial difference in improving the quality of the lives of many poor Americans. Included in that number are the working poor who benefit from few other government aid programs.

Research by the Congressional Budget Office showed that 87 percent of food stamp benefits go to families living below the poverty line. The same study also showed that food stamp benefits lifted four million people above the poverty line, including several million among the working poor.

A USDA study published in 1978 compared the food spending practices of middle class food buyers with those of poor people who used food stamps and poor people who didn't. The study showed that all three categories of people divided their dollars quite similarly among the various food groups. The family on food stamps, however, tended to economize by buying less expensive food.

A new study done by Mathematic Policy Research (submitted to the Food and Nutrition Service, USDA; cited in Community Nutrition Institute Weekly Report, Vol. XIII, No. 8, February 24, 1983, p.3) demonstrates that many families tend to use the program only for a limited time period as a short-term form of relief from unemployment or other economic hardships.

All of these findings contradict the popular picture of food stamp recipients living luxuriously at public expense for prolonged periods of time.

WIC: The Center for Disease Control (CDC) of the US Public Health Service has conducted an ongoing national survey of the nutritional status of the poor in this country. The CDC report indicates that nutritional problems, especially stunting, obesity, anemia, and dental caries occur most frequently among young, minority group individuals of low socio-economic status. However, the studies also offer evidence that food aid programs are helping the poor. Most hopeful is the analysis of findings from a study of WIC participants. In the WIC program, pregnant women, their infants, and young children who are at nutritional risk are provided health examinations, nutrition education, and supplementary nutritional food packets. The WIC program is directed at a critically important problem because of the connection between a mother's diet and the birth weight of infants and the link between low birth weight, infant mortality, birth defects, and mental retardation.

CDC reported after a study which spanned several years: "Children entering the WIC program have a high prevalence of anemia, presumably caused by iron deficiency, a high prevalence of linear growth

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retardation, a high prevalence of overweight. Children in the program for one year experience considerable improvement in hemoglobin and hematocrit values (by which anemia is measured), and by a slight improvement in linear growth. The proportion of low birthweight babies born to WIC mothers is about the same as the general population which probably represents a considerable improvement over what might have been without WIC."

A Yale University Medical School study of WIC particinatns in Danbury, Connecticut over several years showed a growing impact in reducing the fetal death rate in the high risk population. An infant growth study showed that WIC participants caught up with nonparticipants in all measurements of health.

A 1978 report from the Department of Agriculture shows significant health improvements in WIC participants. Arizona participants recorded an 81 percent reduction in anemia, 82 percent reduction in underweight, and 64 percent improvement in stature. Other states reported similar strides as a result of the WIC program.

A Harvard Public Health study demonstrates that every $1 spent on prenatal WIC care saves $3 in future health and social costs.

The WIC program attempts to combine preventive health care, nutrition supplementation, and education. The evidence supports the contention that all three purposes are being met, and in a very cost effective way.

Child Nutrition: Child nutrition programs have been shown to be highly significant in filling important nutritional needs of children.

The Congressional Budget Office has reported that more than a third of America'a children go to school in the morning with less than two-thirds of the needed calories, iron, and vitamins A and C. Given that children with inadequate breakfasts do not function as well as their schoolmates physically, emotionally, or in cognitive learning abilities, these statistics are extremely alarming. Furthermore, the school lunch and breakfast programs also serve as a tool to educate children about proper nutrition.

A four-year study of a Baltimore lunch program dramatically demonstrated the benefits to children. The children scored impressive nutritional gains after beginning the lunch program as did younger poor children in child care feeding programs. "There was a stark contrast between the bright-eyed, happy, and alert little ones we saw in Head Start centers and the dull, listless infants and children we saw who did not participate," one member of the Field Foundation medical team stated.

USDA released another study at the Outlook Conference in December 1982 which documents that the school lunch and breakfast programs significantly improve the nutrition and health of participants, especially the poor. ("Nutritional Effect of School Breakfast and Lunch and School Breakfast," prepared by Professor Barry Popkin of the University of North Carolina for USDA.) We would draw your attention to the fact that the summer food program provides low income children with the same nutritious lunch that they receive during the school year.

Recent Developments in Domestic Nutrition Programs

The good news of improved nutritional well-being of significant num-

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bers of Americans is undercut by the bad news of reduced funding for the very programs that make the difference. Progress in combating hunger cannot be sustained when the avenues for reaching hungry people are blocked.

Cuts in funding for the past two budget years have not only reduced the amount of aid going to needy families but have actually contributed to a reversal of the trend toward less hunger and malnutrition in the nation. Every region in the United States is experiencing hunger as a major social and health problem, just after most of the visible signs of malnutrition had disappeared from the scene. More and more people cannot afford a nutritionally adequate diet. And the need for emergency food assistance is rising dramatically. Soup kitchens and food pantries are appearing again at an alarming rate. Many religious groups involved in providing food report increases of as much as 200 percent to 300 percent in the demand for food assistance. (Anne Lazenby Williams in a "Survey of Projects in Ecumenical Networks" prepared in October 1982 for the Domestic Hunger and Poverty Working Group of the National Council of Churches. Unpublished.) Such a rapid reversal of progress is a clear indication that the battle against hunger has not been won. While the resurgence of hunger is a symptom of the greater underlying problem of the reality of poverty, food assistance must continue to be made available to those whose life and development will be stunted without help.

Another shocking reversal in the United States is the rise in the infant mortality rate in certain parts of the country. This measure is a good indicator of the general health of the community and one of the most sensitive indicators that health conditions are improving or deteriorating. At least eight states have experienced a recent rise in infant mortality: Alabama, Alaska, Kansas, Michigan, Nevada, Rhode Island, and West Virginia. Prenatal care (which includes adequate nutrition) is at once the most effective and least expensive health care.

The WIC program, designed to respond to the problem of infant mortality, serves only 25 percent of those eligible.

Some specific effects of the budget cuts (according to the Center on Budget and Policy Priorities):

--School lunch participation decreased by 11.6 percent in 1981; 35.1 percent of that number are children from low income families.

--School breakfast participation decreased by 12.4 percent; 68 percent of these children are from low income families.

--The average food stamp benefit per person per month declined from $41.53 to $39.02 this year, 11 percent in dollars adjusted for inflation.

--More women and children than previously anticipated are now eligible for WIC assistance, yet the available funds cannot meet this need. At least 100,000 participants probably will not be recertified in 1983.

These budget cuts, and proposed ones, come at a time when the official poverty rate is 14 percent--the highest rate since 1967. The Census Bureau also reports that children constitute much of the increase (a 7.4 percent increase just in 1981): one of every five children

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is considered poor. (Census Bureau statistics reported in The New York Times, July 20, 1982.)

FY 84 Proposed Cuts

Once again, the administration is proposing massive cuts in domestic nutrition programs: $313 million less for child nutrition programs, $760 million less for food stamps, and $32 million less for the elderly nutrition programs in FY 84.

The administration's food stamp proposals include a more restrictive definition of a household; a new punitive state error rate plan; and standardized benefits to AFDC households. We are particularly concerned with the proposals to make workfare mandatory, to raise the rents of those food stamp recipients who also receive subsidized housing, and to delay, once again, the cost of living adjustment in the thrifty food plan. The administration claims that most of these changes would save money as a result of reduced errors and administrative burdens. It is quite clear, however, that these proposals would reduce benefits significantly and impose additional sanctions and administrative complexities on the states.

The administration's proposals for the child nutrition programs also would effectively reduce benefits or the number of those receiving assistance. Combining the child care food, the school breakfast, and the summer food programs into a block grant with 28 percent less funding, and raising the price of school lunches to near-poor children certainly would mean that some children no longer would receive nutritious meals--in some cases the only nutritious meal they have during the day. In addition, requiring families to apply for free and reduced price lunches through food stamp offices will stigmatize the children receiving those meals and may discourage families who are now eligible, such as the unemployed, from applying.

We also reject freezing WIC at the FY 83 level of $1.06 billion. This proposal would reduce the program by 5 percent in real terms. More importantly, 115,000 fewer women and children would receive this assistance. The FY 83 funding level already was inadequate to allow many eligible persons to participate. Only 25 percent of those eligible participated in FY 82.

Cuts in these programs would have a disproportionate effect upon the well-being of poor people. The same people who benefit from food aid programs have endured reductions in AFDC payments, decreases in low-income housing and child care subsidies, as well as new payments for medical services. These simultaneous increases in the demands made upon the scarce resources of poor families are harsh in the extreme. We have recommended to the House and Senate Budget and authorization committees that Congress oppose any more cuts in domestic nutrition programs and that it fund them at a level sufficient to meet the growing number of people eligible for and in need of nutrition assistance.

Conclusions

We conclude that the programs of the US government have made an important, one might say critical, improvement over the last 15 years in the basic nutrition of the poor in the US. The studies we have cited show this. We see it in the lives of the poor whom our congregations serve in many communities, both urban and rural. We also

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conclude, based both on those studies and by our own involvement in the lives of the poor, that the recent cuts in nutritional programs have caused suffering--have caused many of the poor to move to the barest survival levels of existence. Our congregations across the country have done what they can to address this suffering with direct assistance. The kitchens of many of our churches and synagogues have become the source of public charity, of the barest nutritional offerings which our members can provide to the hungry at our doors. And now we conclude that the administration's new proposals will cause even more suffering. And we want to say to you that the poor have suffered enough. We ask that this subcommittee not further the policies which take from the poor those federal programs which have fed them, which have provided the means by which many in the recent past have been able to rise up out of suffering to make their contributions to this rich and, sometimes, generous nation.

It is our belief that God is a God of justice, who promises to establish justice in history, and who demands of those who are claimed by God to work for justice.

And we believe that while God loves all people and through that love seeks justice for all people, God makes what theologian John Bennett calls a "concentration of love" on the needy. Equal concern for all requires unequal attention when unequal need exists.

We believe that God judges nations by the standard of justice. The divine standard is not the size of a nation's gross national product, the beauty of its places of worship, or the frequency of its prayer breakfasts. The divine standard is justice--which first and foremost means how a nation deals with the weak, the needy, and the vulnerable. For the God of Biblical faith, the litmus test of whether a nation is just or unjust, whether its economy is fair or unfair, is always: What is happening to the poor?

The current public policy toward the poor of this nation leads many of us to conclude that, by this exacting standard, America is to be judged harshly.

Again, I want to express my thanks to Senator Andrews and the members of this subcommittee for the opportunity to offer these views. My colleagues in the Interreligious Taskforce on US Food Policy welcome further discussion with you as you weigh your important responsibilities as policy makers of a great nation.

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STATEMENT OF JANICE ODOM PATTY, MEMBER, BREAD FOR THE WORLD

Mr. Chairman, members of the Committee, ladies and gentlemen I appreciate the opportunity to be invited to address the Committee this morning. My name is Janice Odom Patty. I am a member of Bread for the World, a Christian citizen's movement that supports government policies and programs which help hungry people. I am speaking to you today about a hunger survey which Bread for the World members in Raleigh, North Carolina have conducted.

Our survey, called Hunger Watch, is part of a national effort being carried out by Bread for the World members across the country. It is a study to determine the effects of changes in federal nutrition assistance programs on the lives of needy people in communities. We conducted our survey in the fall of 1982. To gauge the impact of budget cuts on the scope and effectiveness of food programs in the Raleigh/Wake County area, Bread for the World volunteers interviewed administrators and recipients of the federal services. Persons involved with the Food Stamp Program, the School Lunch and Breakfast Programs, the WIC (Special Supplemental Food Program for Women, Infants and Children) Program, the Child Care Feeding Program, and the Elderly Nutrition Programs were interviewed. Furthermore, because changes in federal efforts have had an impact on demand for private and volunteer efforts such as soup kitchens and food pantries, leaders of private relief agencies were also interviewed.

Our Hunger Watch survey was not meant to be exhaustive. We did not contact all the volunteer agencies in Wake County, nor did we use strict research techniques in our interviews. Our objective in conducting the study was to determine the human impact of nutrition program changes so we could be better informed in our support of anti-hunger efforts in Wake County.

Our Hunger Watch survey confirmed that the federal nutrition

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programs help to fill a genuine and growing need, the need to ensure an adequate diet for every person in the county. The federal budget cuts are being felt in our county. Changes in the Food Stamp and Child Care Feeding programs are forcing poor citizens to look elsewhere for aid or go without enough food. The School Lunch and Breakfast programs and the Elderly Feeding Program are serving fewer needy people. WIC is straining its resources to serve less than half of its target population.

The experiences of private voluntary organizations are even more revealing of the scope of nutritional needs in Wake County. The private groups are responding and trying to "fill the gap" but are facing a growing population in need that may soon outstrip already strapped budgets. At the very least, non-profit organizations will require an enormous increase in charitable giving -- an increase that thus far has not materialized.

Ironically, the swelling of the ranks of Wake County's hungry and poor occurs against the backdrop of a generally healthy local economy. Unemployment in Wake County stands at approximately one half of the national rate. (Wake County's figure for September 1982 was 4.9 percent.) Still, people in our county who have never been poor before are seeking food aid. And, of course, the "hard core" poor, outside the economic mainstream, remain hungry.

Following are some examples which we uncovered in our interviews with program administrators and program recipients.

1) Miriam Peterson, director of the Wake County WIC Program, told us that the WIC program in Wake County is currently running at capacity, funded to serve 2,250 people at the time of the interview. Ms. Peterson stated that WIC hoped to expand to serve 2,500 people soon. However, even this increase would not come close to serving all eligible people in Wake County. In January 1982, there were 4,681 people in the county known to be eligible for WIC. If the Administration's proposal

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to freeze WIC funding at the fiscal year 1983 level is carried out, many of the women and children currently being served will be forced off the program for lack of funds.

This is in spite of the fact that WIC is widely recognized as a valuable and cost-effective program. A Harvard research study indicates that every dollar spent on the prenatal component of WIC saves three dollars in future health and educational costs. WIC recipients in Wake County agree on the benefits of WIC. The women interviewed all found the classes on nutrition to be especially helpful. Ms. Peterson cited a case where a malnourished child came into the program. The child's mother had diluted the infant's formula to half strength so the staff at WIC showed her how to correctly mix the formula. The child's health improved dramatically. These and other instances indicate that WIC is doing what it is designed to do: give nutritional support and education to women, infants, and children who have nutrition problems.

2) The School Lunch and Breakfast Programs also provide important services to children in Wake County. According to Mary Long Beasley director of Child Nutrition for schools in Region III (which includes Wake County), participation in these programs dropped by 13 percent between March 1981 and March 1982 in North Carolina. School Breakfast participation in the region dropped by 22 percent. In general, rural and smaller school systems have suffered disproportionately. Although exact numbers change from month to month, it appears that more than 2000 students (out of 36,000 participating) no longer receive free or reduced price lunches. About 1000 students no longer receive free or reduced price breakfasts. This change is especially significant, considering the low-income target population of the breakfast program.

3) The Elderly Feeding Program meets two major needs of the elderly community - nutrition and socialization. The meal draws people to the centers where social services, recreation, and socialization are provided. The social stimulation of the nutrition sites encourages them to eat. A recent case in Garner, North Carolina involved a woman who lived alone

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with very adequate financial resources. She died of malnutrition -- she had simply lost the incentive to eat. A study recently done by the Wake County office confirmed that the meal eaten by participants in the Elderly Feeding Program was often their only balanced meal of the day.

Last year, all elderly programs in North Carolina suffered a four percent cut in federal funding. According to Sharon Marshburn, the County Nutrition Coordinator for the program, this cut means the program is having difficulty in meeting already low staff salaries, facility expenses, and office needs. Sandra Wallace, director of the Tucker Street center in Raleigh, expects demand for meals to continue to rise, possible forcing centers to form waiting lists.

4) The Child Care Feeding Program in North Carolina served 19,000 meals to children every day last year. Cutbacks in funding for the program over the last two years have forced many child care centers to reduce their services. Rising unemployment among mothers drops in enrollment and cuts from Social Services and the Child Care Feeding Program have forced some smaller centers to close. Other centers are facing a rise in tuition fees. Consequently many families have been forced to remove their children from day care. A major concern raised is whether those children now outside of day care are still being adequately fed. Mary Peebles, director of the Tuttle Community Center, and Jorean Debnam, director of the New Bern Avenue Day Care Center, agree on the great impact their centers' food programs have in the community. For a great many children, the only balanced meals they get come from the centers. According to Ms. Debnam, the feeding program far outweighs any other aspect of her center's work in terms of impact. Undernourished children who come into Ms. Debnam's center are examined by a physician and placed on a special diet. She tells of several young children who showed significant improvement, not only physically but also in terms of emotional and social development, once they came into the center's nutrition program.

5) Like the nation as a whole, Wake County experienced reductions in

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the Food Stamp Program. Figures provided by Phyllis Sealey, the Food Stamp Coordinator at Wake County Social Services, indicated the drop in food stamp recipients in our county. Ms. Sealey pointed out that this drop occurred at a time when an increase in participants would be expected. In fact, Jody Powell, the Food Stamp Eligibility Supervisor stated that "more families are seeking...not necessarily receiving... assistance." Mr. Powell felt that new rules imposed by the government have had an impact on the program. Calling many of the rules "unenforceable," he said they make the program more difficult to administer. The agency is "expected to do the work of a computer-- without a computer."

Care must be used as the Food Stamp program is changed. Eliminating fraud and administrative waste is proper; putting American families in nutritional jeopardy is not. The Food Stamp Program has succeeded in narrowing the gap between the diets of high income groups and the recipients, 78 percent of whom are elderly, wom en. children, or disabled. Doctors commissioned by the Field Foundation have concluded that "the Food Stamp Program does more to lengthen and strengthen the lives of disadvantaged Americans than any other noncategorical social program." 6) Helen Yancey, director of the Salvation Army facility in Raleigh has seen a sharp increase in people needing help. By the end of July last year, the 1982 food budget had already been spent. Other assistance, such as help with utility bills, are being sacrificed in order to continue to help with food. She also reported that there has been a large increase in people who have come to the capital city expecting to find jobs, but lacking necessary skills, are stranded in Raleigh without money. Many of these people have never had to ask for help before, but are victims of the poor economy and high unemployment. Ms. Yancy indicated that the tightening of the eligibility requirements for Food Stamps has made it harder for some families to survive without additional help. Some run out of food every month; others seek help only once or twice. A typical example of a family served at this agency is the mother of four

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who managed to support herself and her children on her earnings as a mill worker. When the mill closed, she was left without a job and without any way to feed her children. There is a 45 day waiting period before a family can begin to receive food stamps; the Salvation Army helped her through this period.

Since October 1981, the Raleigh Rescue Mission has seen a dramatic increase in the number of indigent people coming in for a daily meal. Reverend Pritchard emphasized that high unemployment is increasing the number who come for help. Many of his clients are not eligible for unemployment compensation, since they depend on day labor and part time jobs. The increased numbers needing assistance are straining the budget at the Rescue Mission. There are unpaid bills--at the same time charitable giving is decreasing.

The Shepherd's Table, a soup kitchen in downtown Raleigh, has increased the number of meals served daily from 1.504 in October 1980 to 2.637 in August 1982, a 60 percent increase. Only 10 percent of that increase came before October 1981, when many of the changes in federal food programs were put into effect.

Our Hunger Watch survey highlighted the complexity of the hunger problem in our country.

- In our nation, those who are hungry are those without job or educational opportunities. Hunger stems from the lack of resources.
- The problems of inadequate housing and hunger are linked.
- Wake County's poor lack equal access to competitive food markets. Local stores in poor neighborhoods often offer less selection at higher prices.
- The rural poor are particularly hard-hit since aid available from private and government sources tends to be concentrated in urban areas.
- Those who feel the effects of hunger and malnutrition are relatively powerless--the elderly, children, the disabled,,, the poor.

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- The problems that lead to hunger and malnutrition will not be solved by an economic recovery. The problems of migrant workers, marginally employed, and non-employable people will remain.

The cuts in food and other social programs coupled with the economic recession place a double burden on our poorest citizens. The people who suffer most from the economic conditions are the same ones who turn to our government's food programs, only to find a reduced federal commitment.

Faced with the reality of hunger and malnutrition in Wake County, it is important for citizens and leaders alike to reevaluate the current administration's philosophy concerning feeding our nation's needy people. Assuring all Americans of access to a nutritionally adequate diet is the intelligent, and loving, thing to do.

TESTIMONY OF JOHN W. BODE

DEPUTY ASSISTANT SECRETARY FOR FOOD AND CONSUMER SERVICES

U.S. DEPARTMENT OF AGRICULTURE

Mr. Chairman, and members of the sub-committee, thank you for the opportunity to appear before you today to discuss the programs administered by the Food and Nutrition Service of the Department of Agriculture. Accompanying me is Robert Leard, Acting Food and Nutrition Service Administrator.

The Senate Agriculture Committee has long shown its deep concern for human nutrition programs, their design, and their future. The Department shares this concern and remains committed to providing food assistance to those most in need.

Before I give you some specifics on the Fiscal Year 1984 budget proposal, I would like to quickly identify the major food assistance programs for which FNS is responsible. These programs are generally targetted to those most in need and are largely "means-tested," with the income and financial situation of the recipient being the primary criteria for eligibility.

The U.S. Department of Agriculture, Food and Nutrition Service, currently operates ten major food assistance programs.

The largest of these, the Food Stamp Program provides food

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assistance for the general population.

Other programs are designed for the nutritional needs of particular groups. The National School Lunch and Breakfast Programs, Child Care Food Program, Summer Food Service Program, Special Milk Program, and the Nutrition Education and Training Program serve children. The Special Supplemental Food Program for Women, Infants and Children (known as the WIC Program) and the Commodity Supplemental Food Program are designed to enhance the diets of certain expectant and new mothers as well as infants and small children. Finally, the Food Distribution Program provides foods to a wide range of individuals from the elderly, to those in charitable institutions, to needy families on Indian reservations.

When this Administration took office, we inherited programs with one of the most rapidly increasing growth rates of all Federal programs. The rate of growth exceeded that in Medicare and Medicaid. Had it not been for legislative changes over the last three years, which reduced potential for fraud and waste and tightened program administration, these programs would have cost almost $21 billion this year. The changes represent an 11 percent reduction in program costs. Even with these changes, the cost of food assistance programs will have doubled between 1977 and 1983. In addition to the $17.5 billion in direct assistance we are also providing $1.1 billion in our special dairy distribution and bonus commodity donations for a total of $18.6 billion. Since this Administration took office, the cost of Federal

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food assistance programs has grown by 34 percent. Taking inflation into account, real growth in program costs has been 6.7 percent. There are two basic reasons for this cost increase. First, more people are being served in many of the programs, reflecting response to the economy. Second, benefits have increased for needier households. Once again, I must point out that we are now providing $1.1 billion in our special dairy distribution and bonus commodity donations, bringing the total to $18.6 billion.

To curb the rate of expenditure growth in Child Nutrition Programs, we have taken four basic steps thereby saving $1.5 billion. Meal subsidies are now targeted more heavily to children from lower income families. Income eligibility limits for free and reduced price meals have been lowered slightly. Fewer ineligible children are receiving benefits as family income verification increases. Finally, lower priority programs to buy kitchen equipment for local schools and Federal funding for local nutrition education have been either eliminated or reduced.

With these reductions and retargeting, in school year 1982-1983, each school lunch receives a Federal subsidy of at least 22 cents. Half of these meals receive higher subsidies. Children from low income families receive their lunch free of charge. Each free meal is guaranteed a subsidy of $1.26. All schools also currently receive surplus commodities valued at an average of 8 cents per meal. Legislation passed by Congress in 1981 and 1982 will reduce the cost of the Food Stamp Program $1.7 billion in Fiscal Year 1983.

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This savings is achieved in five ways. First, delayed cost of living adjustments result in slower growth. Second, there is less waste. For example, households that apply for food stamps get only the food stamps they need for the number of days that are left in the month in which they apply, instead of enough food stamps for the whole month. Third, there are tightened eligibility requirements. Most strikers and more students are now ineligible. Also, households with high gross income are ineligible; previously, eligibility was based on net income. Fourth, savings accrue from the provision of a block grant for the Puerto Rico Food Stamp Program, which has been designed by the Commonwealth, to more accurately reflect the needs of Puerto Rico. Finally, reduced errors result from creating fiscal incentives for States to reduce error rates.

Some facts about the Food Stamp Program are worth noting.

Food Stamp costs have increased nearly 45 percent since 1980, rising from $8.3 billion to $12.0 billion in 1983. Without this Administration's program changes in 1981 and 1982, the Food Stamp Program would have grown 75 percent since 1980. The number of Food Stamp participants has grown nearly 14 percent (from 19.3 million to 22.0 million) during the period from Fiscal Year 1980 to 1983. These numbers exclude Puerto Rico, since it now receives a block grant. More truly needy people are receiving benefits than in 1980; expenditures have been increasing in response to economic conditions.

Of major concern to this Administration are waste, fraud, and abuse in the Food Stamp Program. The food stamp quality

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control system measures accuracy of benefits issued to the participant. This system indicates that 10.14 percent of benefits ($1.06 billion) are overpaid or issued to ineligible participants. The certification process is therefore a major source of error. Issuance losses include the value of coupons reported lost in the mail and the number of "duplicate" issuances where two authorization cards are cashed.

When it comes to other major areas of abuse, there is no specific measurement system of the entire universe as in certification and issuance. Hence, there is no identified or projected dollar loss figure. The figures cited represent the results of our investigative activity. According to State reports in Fiscal Year 1981, there were 7,111 prosecutions and 6,023 administrative hearings concerning recipient fraud.

In summary, the Food Stamp and Child Nutrition Programs continue to meet the basic food needs of the nation's poor. 22 million persons -- almost one in ten Americans -- participate in the Food Stamp Program each month.

Per person benefits will be about $42.67 per month for Fiscal Year 1983, a rise of 24 percent from 1980 in nominal terms (a four percent rise in real terms).

School Lunch Program participation at the free level declined slighly compared to 1980 due to declines in enrollment,

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elimination of high tuition private schools, slight decreases in eligibility levels and tighter program administration. The average monthly benefit in the School Lunch Program has risen, however, in response to adjustments in the Consumer Price Index.

The Food Stamp Program is the major nutrition-assistance program for low-income people in this country. Around 22 million people -- nearly 8 million households -- receive food stamps each month. This program currently has the highest participation it has ever had.

There are three steps in the food stamp administrative process: certification, issuance, and redemption. We know that problems can occur at each of these steps, and there are a number of initiatives which we have taken to overcome these problems.

Also, this Administration has been responsible for substantial progress in the effort to combat fraud in the food stamp program -- whether by food stamp recipients or retailers. Because the Food Stamp Progam has experienced such rapid growth over the past 10 years the program has been subject to constant modification which has served to further complicate the program's administration and has contributed to increased error. The goals of our 1984 food stamp proposal are: (1) to streamline and simplify the program so that errors at certification can be reduced; (2) to revise the error sanction system so that we subsidize only 3% of

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State errors; (3) to improve the work policy in order to encourage employment; and (4) to curb the rate of benefit growth while minimizing the impact on those most in need of our support.

Our 1984 proposed budget for the Food Stamp Program would spend $10.9 billion. This is $766 million less than what the program would cost in 1984 if there were no changes. Over half of these savings (55%) are due to the proposed revision of State agency liability, and 25% from simplified administration. Five percent of the savings will come from proposed changes in program work experience requirements, and 15 percent from reducing benefits or curbing the rate of program growth.

I think it's critical to note that 80 percent of the savings will come about as a result of reduced payments made in error -- misexpenditures -- and from increased sanctions to States because of high error, not from recipients' benefits. This proposed budget was designed to minimize the reduction of any household's entitled benefits.

We propose to revise and simplify the program's system of deductions. First, we would establish a standard/shelter deduction, adjusted April 1 of each year. It would replace the existing standard deduction and the itemized excess shelter expense deduction. Second, we would replace the itemized earned income deduction with a standard earned income deduction set at $75 per person per month for

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households with full-time workers. Third, we would retain the dependent care deduction so that households who need to pay for child care in order to work could claim up to $115 a month as a deduction. These proposals would achieve an estimated $326 million in savings in Fiscal Year 1984. Since about one-third of these savings come from simplification and error reduction, the impacts on households are not great - an average loss in benefits of 7¢ a day. Among households headed by women who have children, 13 percent will have no change while 46 percent will receive more benefits; the average change for these households will be a loss of only 2¢ a day.

Another food stamp proposal is part of the government-wide plan to delay cost-of-living adjustments. We propose to delay the COLA adjustment in the Thrifty Food Plan - the basis for benefit amounts - from October 1, 1983, until April 1, 1984. While nearly all households would be affected by this proposal, it is not a reduction in benefits but merely a delay in effectuating scheduled changes. This proposal would only save $32 million in Fiscal Year 1984, as current data indicates that the upcoming COLA adjustment would increase benefits for a family of 4 by only $1 a month.

We also propose to make households where all members receive AFDC payments categorically eligible to receive food stamp benefits. For such households, we would replace individual determinations of benefit levels with a simplified benefit

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determination based on average food stamp benefits for AFDC households in each State. The benefits of average households would be unaffected by this proposal, which would save $70 million in Fiscal Year 1984 through simplification and error reduction. This would simplify certification because 25% of the food stamp caseload is also participating in AFDC.

Our proposal to consider persons who live together as one household for food stamp purposes would save an estimated $70 million in Fiscal Year 1984. Fiscal Year 1984 savings would be increased by $90 million by our proposal to require certain able-bodied persons to work in community work experience programs. This proposal, coupled with the job search requirement, would encourage the able bodied to find work in the private sector. If no jobs are available CWEP participants would perform useful work meeting community needs.

Finally, we propose to establish State liability for the value of eligibility or overissuance errors above a 3 percent tolerance level. This will save an estimated $423 million in Fiscal Year 1984.

In summary, our 1984 food stamp proposals will simplify administration of the program, reduce error, provide incentives to obtain employment, and curb the rate of benefit growth.

Now, I would like to discuss the Child Nutrition programs.

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The largest program is the National School Lunch Program. We view school lunch as the cornerstone of our child feeding efforts. The program cost $2.5 billion last year and is expected to cost $2.7 billion this year. The average daily participation is 23.4 million students.

The program costs for the School Breakfast Program have remained virtually unchanged from last year to this year and the current average participation is 3.4 million students.

Program costs for the Child Care Food Program are expected to grow from $300 million last year to $340 million this year. Nearly 900,000 children participate in this program.

Finally, the Summer Food Service Program cost approximately $90 million last year and served 1.4 million participants at its peak. The cost is anticipated to be about $100 million this year and participation levels should be about the same as last year.

For the Child Nutrition Programs, the legislative proposal for Fiscal Year 1984 was developed with three goals in view. These goals are:

(1) To simplify and streamline program administration,

(2) To reduce error and deter fraud, and

(3) To curtail the growth rate in benefits.

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The Department has developed a proposal which will accomplish these goals while saving $313 million in Fiscal Year 1984 and $2.3 billion across five fiscal years (Fiscal Year 1984-88). Seventy-two percent of the savings will come from the establishment of a General Nutrition Assistance Grant funded at $535 million in Fiscal Year 1984. Another six percent of the savings will result from the determination of income eligibility for the lunch program by food stamp offices. The final twenty-two percent stems from a delay of the Cost of Living Adjustments for six months and the creation of an independent subsidy for reduced price meals. I should reaffirm, however, that the Federal commitment to the National School Lunch Program remains strong. The changes we propose represent ways to refine and streamline this program without changes in its basic nature.

The General Nutrition Assistance Grant

The proposed General Nutrition Assistance Grant of $535 million is designed to simplify program administration for State agencies. By consolidating funds now available for the Summer Food Service, School Breakfast, and Child Care Food Programs into the General Nutrition Assistance Grant, State flexibility will increase substantially. The result will be enhanced administrative efficiencies through the reduction of program complexity and programs tailored by the States to fit the needs of their population. This consolidation of programs will result in reduced program costs of $208 million and reduced State Administrative Expense (SAE) of $9 million in Fiscal Year 1984. I would like to add that we did consider incremental changes to each of these programs.

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However, we decided that instead of pursuing a multitude of technical changes, it made more sense to allow States the flexibility to tailor the programs to the needs of their localities.

New Income Determination Initiative

In an effort to reduce error and deter fraud, the Department is proposing to transfer income eligibility determination functions for school meals to food stamp offices,which would receive reimbursement for their services from enhanced State Administrative Expenses. I am concerned that our proposal is being widely misinterpreted. We are not proposing that children or their parents be sent to food stamp offices to be certified to receive free or reduced-price meals. We will allow State and local school officials to take advantage of income eligibility systems and expertise that exist in the Food Stamp offices. Our proposal will allow States to design income eligibility determination systems that best meet their needs using the resources of both the education and welfare systems.

Six-month Delay of Cost-of-Living Adjustment

This proposal, in accordance with the government-wide policy to reduce spending, would delay the effective date of the cost-of-living adjustment for the National School Lunch Program from July 1 to January 1. This delay affects all subsidy levels equally. No subsidy levels currently in effect would be reduced, and free and reduced-price

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participants would not be affected at all, since the price they pay for their lunches would remain the same.

Create an Independent Reduced-Price Subsidy Level

Under current law the subsidy for reduced-price meals is tied to the free meal rate. Consequently, it is over compensated when an adjustment for inflation is made. We propose modification of this provision. Instead, a subsidy level for reduced-price meals would be created that is not tied artifically to the free meal subsidy. This proposal would provide increased equity in determining subsidies. All subsidies would receive the same rate of adjustments to account for inflation.

WIC/CSFP funding level will be unchanged from 1983 to 1984.

The Fiscal Year 1984 budget proposals represent the continuation of a new system designed to re-establish the balance of decisionmaking among the Federal, State and local levels of government. As stated before, the goals of the budget are to simplify program administration by consolidating programs and providing States the flexibility to tailor the specific programs offered to the needs of their localities, to reduce error and deter fraud by transferring income verification responsibilities from school administrators to trained and experienced food stamp staffs, and to curtail growth in spending by delaying the cost-of-living adjustments by six months and creating a separate subsidy level for reduced-price meals. We believe

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that this legislative package is a positive effort to improve program operations at all levels of government.

Finally, I would reiterate that the two major Child Nutrition programs, namely, the National School Lunch Program and the Supplemental Feeding Program for Women, Infants, and Children (WIC), have not been significantly reduced for 1984 despite the necessity to reduce the overall Federal Budget. We view these two programs as the cornerstones of our Child Nutrition efforts. Still, there is need for improving and streamlining all programs. We believe these child nutrition proposals are a strong effort in that regard without jeopardizing the best interests of our nation's children.

Summary

In summary, I think you can see the common sense in this budget. It faces the economic realities. Yes, we will have to tighten our programs because of the deficit. We will do this by streamlining program management and operation and by reducing errors and program abuses -- "misexpenditures," as we call them. But the proposed budget would keep the benefits of the major entitlement programs -- food stamps, school lunch, and WIC at about the same level as last year. Taken together, these proposals are a package that address human needs as well as economic needs.

This concludes my statement.

I will be glad to answer any questions you may have at this time.

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APPENDIX B—INFANT MORTALITY

In January, the Food Research and Action Center issued a report which purported to establish "that the steady decline in infant mortality rates is being reversed in recession-hit cities and states".

At my request, Dr. Edward N. Brandt, Jr., Assistant Secretary of Health within the Department of Health and Human Services, was invited to the Subcommittee hearings to address the issues raised by the report. Nancy Amidei of FRAC had also been scheduled by the Subcommittee Chairman, Senator Andrews, to be a witness.

Dr. Brandt's testimony disputed the findings of the FRAC report. He concluded instead that infant mortality rates nationally have continued to decline.

Because of the considerable controversy that the orginal report had prompted and by Dr. Brandt's categorical rejection of its conclusions, I felt that it would helpful to get the views of some knowledgeable third party experts who follow infant health and mortality statistics.

I requested recommendations for such knowledgeable third parties from the American Medical Association, the American Academy of Pediatrics, and various health professionals—both in academia and government.

Those who agreed to participate have very knowledgeable backgrounds and approach infant mortality analysis from varying fields of study. For instance, the individuals who commented on the FRAC report and Dr. Brandt's testimony included statisticians, public health professors, an economist, and pediatricians.

Each individual was sent a copy of the original FRAC news release and report (which are printed as part of Appendix B) as well as a copy of Dr. Brandt's written testimony (which appears on page 106), and asked to comment on this subject.

The consensus of these experts is clear. The FRAC report considerably oversimplified infant mortality statistics and overstated, if not misrepresented, what can be observed from current trends.

It is indeed regrettable that some have played on the legitimate concern of the American people for the health of our nation's infants by citing the faulty figures and logic of the FRAC report.

I believe the comments of these health professionals will contribute to a more informed and rational discussion of the important issue of infant mortality.

JESSE HELMS, *Chairman.*

[The letter from Senator Helms to the several witnesses and the FRAC study follows:]

APRIL 19, 1983.

DEAR DR. ———: The Committee on Agriculture, Nutrition, and Forestry has jurisdiction over the food stamp program and child nutrition programs, including the various school programs (breakfast and lunch), and the special supplemental food program for women, infants, and children (often referred to as WIC).

The Subcommittee on Rural Development, Oversight, and Investigations held hearings recently on the status of Federal nutrition programs. One offshoot of the hearings was a discussion regarding recent infant mortality rates.

As you may know, a January report issued by the Food Research and Action Center purported to establish "that the steady decline in infant mortality rates is being reversed in recession-hit cities and states".

Your name was suggested to me as someone who is very knowledgeable in the area of infant health and infant mortality. I would appreciate having your comments on this subject to be included in the hearing record. Enclosed is a copy of the original FRAC study as well as the testimony addressing it delivered by Dr. Edward N. Brandt, Jr., Assistant Secretary for Health, Department of Health and Human Services.

Several issues have been raised which I would appreciate your addres[illegible] in the context of your comments:

It has been argued that historically there have been annual fluctuations on a state-by-state basis in infant mortality rates and those rates reported recently are not uncharacteristic when compared with historical trends. Similarly, the issue has arisen as to the propriety of utilizing statistics on infant mortality in (relatively) small areas such as cities where fluctuations may appear more extreme than the national figures. To what factors do you attribute fluctuations in the infant mortality rate within States or cities?

How do you assess the historical evidence in terms of whether there is a statistically significant link between unemployment and infant mortality rates?

How do you evaluate the use of infant mortality rates as an indicator of the overall health of a city, State, or nation, or of changes in overall health?

What do you feel are the leading factors affecting the infant mortality rate?

Has the historic trend of reducing U.S. infant mortality been affected by the initiation of the special supplemental food program for women, infants, and children—i.e., has the decline been accelerated since WIC was begun?

Many thanks for your assistance. I believe your comments will contribute to an informed discussion of these issues.

I would ask you to use the format outlined in the attached memorandum, and forward your comments to Tom Boney, Senate Committee on Agriculture, Nutrition, and Forestry, 328–A, Russell Senate Office Building, Washington, D.C. 20510.

With every good wish, I am

Sincerely,

JESSE HELMS, *Chairman.*

[News release from FRAC, Food Research and Action Center, Jan. 24, 1983]

INFANT DEATHS GO UP, WHILE WIC PROGRAM FUNDS STAY LOW—ACCORDING TO REPORT BY FRAC

The Washington-based Food Research and Action Center (FRAC) today released a report based on a telephone survey of states and cities across the United States showing that the steady decline in infant mortality rates is being reversed in recession-hit cities and states. According to FRAC Director Nancy Amidei: "After years of steady progress, infant mortality rates are going UP once again—statewide in eight of the states surveyed, and in 36 local areas. That shouldn't be happening. Something is badly wrong."

BACKGROUND

The infant mortality rate (IMR) is the number of infants who die in the first year of life, per 1,000 live births. The U.S. rate, for example, is 11.7 per 1,000 live births. The IMR is a good indicator of the overall health of a community and one of the most sensitive indicators that health conditions are improving or deteriorating. Nationally, about two-thirds of infant deaths are associated with low birth weight (that is, infants born weighing less than five and a half pounds). The IMR has declined steadily across the country throughout the century, and in many states has been virtually halved in recent decades. In 1979, the United States ranked 12th internationally (Sweden, for example, has an IMR below 7). Within the United States, the death rate for minority infants continues to be double (or more) the rate for whites.

Because the IMR is a reflection of general socio-economic status, as well as of the availability of quality health care, it is generally higher in poor neighborhoods and poor counties. Women living in those areas are less likely to have the good nutrition and good health care that produce healthy babies. But, because poor people are still a minority of the population, overall rates (for the nation, for whole states, for large metropolitan areas) tend to stay low even when some groups in the population have high infant death rates or are even, as is the case now, losing ground.

The significance of FRAC's findings lies in: (1) the fact that whole states are now showing an increase in their IMR; (2) the large number of major urban areas showing an increase; (3) the fact that even small statistical increases represent a reversal in many years of steady improvement (e.g. Michigan's increase from 12.8 to 13.2 is the largest year-to year increase since World War II); and (4) these figures are available as the new Congress meets to consider federal funding for basic health and nutrition programs. Said Amidei:

Many of the cities we contacted are having to cut back on their WIC caseloads. At the same time, more babies are being born with very low birth weights and more babies are dying because their mothers lacked basic food and health care. For those that survive, the financial costs are enormous: the care of a very tiny infant in a special neo-natal intensive care unit runs $40,000–$50,000 in many urban areas

(compared with about $450 for an entire pregnancy on WIC), and the life-time costs to maintain those children in institutions if they are severely disabled are over $1 million. For them and for the families of the babies that don't survive, the real costs are incalculable.

"The tragedy behind these figures is that we have the knowledge and the programs that could make a difference: WIC, Medicaid, the full range of maternal and child health services. The President and Congress need to keep these figures in mind as they decide on the fiscal year 1984 budget.

"FRAC's survey should not be taken as the 'last word;' a telephone survey can't be. But it should cause responsible people in public life to take a second look and to consider carefully the budget choices immediately ahead in light of these findings."

The report (attached) reveals rising infant mortality rates statewide in Alabama, Alaska, Kansas, Michigan, Missouri, Nevada, Rhode Island and West Virginia; statewide increases are generally the most significant because of the number of births and deaths. Also noted are rising infant mortality rates in 34 urban and 2 rural areas in FRAC's telephone survey covering 37 states. Because 1982 data are not available yet, FRAC will make this report "Part I." "Part II" will follow after states and cities are contacted again in June of 1983 when final 1982 data will be available.

New Trends in Infant Mortality—A Report

Following the release of a report by the Michigan Department of Public Health ("Infant Deaths in Michigan—Analysis and Recommendations"), showing the largest year-to-year increase in infant deaths since World War II, the Food Research and Action Center began to contact cities and states across the country to learn whether the Michigan experience was an isolated example, or indicative of a larger trend. Calls to health departments across the country revealed that after years of decline, statewide IMR's went up in seven states between 1980 and 1981, one '81-82, and the rates in 36 local areas were up as well. (Data for some areas represents countywide information.)

STATES IN WHICH INFANT MORTALITY RATES ARE UP

	1970[1]	1975[1]	1980	1981	1982 (provisional)
Alabama	24.3	19.5	(15.1)	12.9	14.8
Alaska	22.6	14.5	12.3	12.7	.....
Kansas	17.7	13.9	10.1	11.0	.....
Michigan	20.5	16.3	12.8	13.2	.....
Missouri	19.6	16.4	12.3	12.7	.....
Nevada	24.0	17.4	10.9	11.3	.....
Rhode Island	.....	.....	10.9	11.7	.....
West Virginia	23.0	18.4	11.8	13.1	.....
Wisconsin	(2)	(2)	10.2	10.3	.....

[1] Figures for 1970 and 1975 are given to show downward trend.
[2] Insignificant increase.

AREAS IN WHICH INFANT MORTALITY RATES ARE UP

For particular areas, the results in some cases are striking. (Where IMR has risen two years in a row, that is indicated.) In sections of Detroit it is as high as in Honduras (33/1,000), and in areas of Chicago is as high as 55/1,000. At a time when IMR went down nationally to a rate of 11.7 infant deaths per 1,000 live births in 1981, the following cities recorded increases in the rate at which babies died in the first year of life.

	1979	1980	1981	1982 (provisional)
Little Rock, Ark	.....	11.0	11.2	
Graham County, (rural) Ariz	8.4	15.6	27.5	
Jacksonville, Fla	8.6	14.7	15.7	
Gadsden County, (rural) Fla	.....	16.5	26.5	

	1979	1980	1981	1982 (provisional)
Chicago, Ill			18.7	19.2(est.); 34–55 in areas.
Rockford, Ill		13.1	15.4	
Springfield, Ill	18.7	20.9	21.4	
Gary, Ind	14.4	22.2	22.7	
Topeka, Kans		9.7	10.6	
Wichita, Kans		10.7	14.7	
Detroit, Mich		21.0	21.9	(33 in Census Area A.)
Flint, Mich		17.6	19.7	
Lansing, Mich		9.1	13.1	
Saginaw, Mich		17.5	24.0	
Las Vegas, Nev	9.5	11.0	12.7	
Buffalo, N.Y		15.1	16.5	
Lackawana, N.Y	15.1	16.5	26.9	
Greensboro, N.C		9.3	12.0	
Raleigh, N.C	13.5	16.4	18.8	
Johnstown, Pa		21.3	25.2	
Wilkes-Barre, Pa		11.1	18.9	
Ashtabula, Ohio		8.4	8.9	
Lorain, Ohio		13.8	14.4	
Toledo, Ohio		13.1	14.2	
Youngstown, Ohio		13.7	14.9	
Tulsa, Okla		10.8	12.2	
Chattanooga, Tenn		10.6	13.2	
Memphis, Tenn	15.5	16.3	16.4	
Nashville, Tenn		12.5	13.6	
Dallas, Tex		13.7	15.1	
Galveston, Tex		12.2	13.7	
Houston, Tex		13.4	13.8	
Midland, Tex		11.0	17.6	
Norfolk, Va	14.0	15.1	16.7	
Roanoke, Va		11.9	15.0	
Wheeling, W.Va		15.7	17.9	

Note: A single year's increase may not be significant in places where there are small numbers of births and deaths; in those areas the rates fluctuate normally. However any increase is worth noting, no matter how small, in the context of an overall trend. Most of the cities listed above have sizable populations. Only two rural areas were included in this report.

In two cities hard-hit by layoffs in steel—Baltimore and Pittsburgh—the overall rate was down or constant, but the IMR for White infants rose; in Houston, the rate for Black infants rose while overall rates fell.

	1980	1981	1982
Baltimore		16.4	16.2
White		9.3	13.2
Pittsburgh	17.5	15.9	
White	10.8	12.0	
Houston	12.1	11.6	
Black	16.1	18.2	

Role of the WIC program

At the same time, the WIC program (which has proved successful in lowering the incidence of one of the leading causes of infant mortality, low-birth weight—see attachment) is being cut back directly or indirectly. That would not have caused the rising infant mortality rates reported here. But in both 1981 and 1982, the Reagan Administration attempted to reduce WIC funding and fold the program into a block grant. That proposal was rejected by the Congress, but funding for the program was kept level in a time when the food and administrative costs of the program are rising and the number of women and children in need is growing. For fiscal year 1984

and beyond, the Administration is known to want level funding—a policy that would have increasingly serious consequences in years to come. WIC programs across the country already have "waiting lists" of women and children in need of help who cannot be served because of funding restrictions; some WIC programs are making drastic cuts in eligible high-risk women and children from the program. They can only be served if funding is substantially increased.

In city after city, we were told of long waiting lists, of women and children being cut from the program in places where waiting lists are already long. In Kenosha, Wisconsin, for example, 250 women and children are already on a waiting list at a time when 138 currently on the program are slated to lose their benefits. Nevada, where the increase in IMR is statewide, must reduce its WIC program by 200. Following are a few of the areas reporting cutbacks in WIC that result from current inadequate funding levels.

	September 1982 participation	Numbers being cut
Illinois	102,500	−7,500
Maryland	52,000	−10,000
New Jersey	58,000	−8,000
Pennsylvania	114,000	−14,000
Ohio	116,000	−12,000

In some cities, the reductions are particularly dramatic. Newark, for example, has 4,100 women and children in its program in September, but has been told to cut back to just 2,200 total. As a result, Newark is currently serving only one of the six categories of women and children eligible for WIC: the highest risk pregnant women. Paterson, New Jersey will have to go from 2,385 to 1,400 participants. Other cities report eligible women and children "banging on the doors to get in," or the difficulties involved in deciding which women, which children, which local programs will absorb the brunt of program reductions.

The issue for the new Congress and President is whether they will put the necessary funds into the WIC program at a time when infant mortality rates are already rising and the future consequences of level or reduced WIC funding are tragically clear.

NOTES

(1) All data on Michigan are taken from a report by the Michigan State Department of Health.

(2) Data on other states and local areas comes from telephone communication with state and local health department personnel responsible for Vital Statistics, or from WIC program personnel. In a few instances written reports were furnished.

(3) 1981 data for areas in Ohio has not yet been officially published as final and should be treated as provisional.

(4) Data on years earlier than 1979 comes from publications of the National Center for Health Statistics, Department of Health and Human Services.

(5) Data on Houston in the listing of 35 local areas includes all of the county in which Houston is located; data on Houston along with Baltimore and Pittsburgh is for the city of Houston only.

(6) During the period 1980–1981, the poverty population in the United States rose by 7.5 percent. In 1981, the incidence of poverty in the United States was higher than it has been since 1967. During this same period, health and nutrition services were not expanding to meet the growing need.

WIC—The Special Supplemental Food Program for Women, Infants, and Children

BACKGROUND

The "re-discovery" of hunger in America in the late 1960's brought to the nation's attention the painful and often irreversible damage caused by malnutrition during pregnancy, infancy, and childhood. It was the telling descriptions of child illness and lethargy, associated with a lack of food, which impelled the federal government

to initiate a food assistance program that would provide poor children with a positive start in life.

The Special Supplemental Food Program for Women, Infants, and Children (WIC) provides nutritious foods, nutrition education, and routine health care to pregnant, post-partum, and breastfeeding women, their infants and children up to the age of five. Individuals who participate must be eligible based on both their income and nutritional health status. In 1982, approximately 2.25 million people are being served by the WIC program in all fifty states, Puerto Rico and the U.S. Virgin Islands.

WHAT DOES WIC PROVIDE

WIC provides monthly, nutritious foods that are tailored to the dietary needs of pregnant and breastfeeding women, infants and children:

Pregnant Women, New Mothers and Children 1-5: Milk, Cheese, Eggs, Full-strength Juice, and Cereal;

Breastfed Infants: Iron-Fortified Cereal, and Fruit Juice;

Non-Breastfed Infants: Iron-Fortified Formula, Iron-Fortified Cereal and Fruit Juice.

The total cost of the WIC food package averages about $30/person/month.

WIC foods are most commonly obtained through the use of vouchers in grocery stores; some WIC participants get direct delivery to their homes, or pick up food packages at the WIC clinic site.

Nutrition education

WIC participants also receive nutrition and health counseling during their visits to the WIC clinic. Nutritionists and other health professionals discuss any dietary and health problems that relate to pregnancy, breastfeeding, infant and child care.

WHO RUNS WIC

At the Federal Level—Food and Nutrition Service of USDA;

At the State Level—Your State Dept. of Health; and for Indian programs, the Indian Tribe, Band, or Council; and

At the Local Level—Hospitals, Community Health Centers, and other health agencies. (This is where WIC participants are served).

WIC—A SUCCESS STORY

Careful evaluations have proven WIC to be an extraordinarily successful means of combating infant mortality, low birth weight, and childhood disease. Among the studies:

Harvard School of Public Health found: that for each dollar invested in the WIC program there is a savings of three dollars in post-natal health care costs.

Massachusetts Department of Health found: the mortality rate for WIC-births to be only one-third that of non-WIC births in a comparable population of 8,000 mothers.

The Center for Disease Control found: that there was a marked reduction in anemia for those individuals participating in the WIC program.

A number of other health studies around the country point out the positive effects that the WIC program has had in pregnancy outcome, infant and child development, and the appropriate use of primary care.

KEY WIC ISSUES—PRESENT AND FUTURE

Congressional support

During the past two years, all but one of the federal food assistance programs have suffered severe budget reductions. That exception has been WIC. The Congress, recognizing the success and cost-effectiveness of the WIC program, has refused to accept most of the program cuts as proposed by this Administration.

As part of the fiscal 1983 federal budget request, the Administration proposed cutting the WIC program by 37 percent and then folding the program into a state-run Maternal and Child Health Block Grant. Congress was emphatic in rejecting these proposals and voted to provide enough funds to maintain current caseloads, at a level of above $1 billion.

In its fiscal year 1984 budget, the Administration is expected to request no increase in WIC funding, despite growing needs and rising program costs.

WIC participation

Unlike other federal food assistance programs, WIC does not enjoy unlimited, open-ended funding for all eligible individuals. That is, a limited number of people are served by a finite WIC budget. Although nearly 9 million people are eligible for WIC benefits, federal funds will support a caseload of only 2.25 million.

In 1981 and 1982, some states reduced their WIC caseload prematurely because USDA did not redistribute available funds as Congress required. A major issue for the program in 1983 is caseload reductions being forced by level funding in a number of state WIC programs.

For more information on the WIC program, call the Food Research and Action Center (FRAC) 202-393-5060.

The University of Iowa
Iowa City, Iowa 52242

The University of Iowa Hospitals and Clinics
Department of Obstetrics and Gynecology
Office of the Chairman

(319) 356-1976
If no answer, 356-1616

April 27, 1983

Mr. Tom Boney
Senate Committee on Agriculture, Nutrition,
and Forestry
328A Russell Senate Office Building
Washington, D.C. 20510

Dear Mr. Boney:

Enclosed are my responses to the questions Senator Helms raised in his letter to me of April 19, 1983. Please do not hesitate to contact me if I can be of any further help.

Sincerely yours,

Roy M. Pitkin

Roy M. Pitkin, M.D.

RMP:njs
Enclosure

COMMENTS REGARDING RECENT TRENDS IN INFANT MORTALITY

Roy M. Pitkin, M.D.
Professor and Head
Department of Obstetrics and Gynecology
The University of Iowa
Iowa City, IA 52242

These comments are submitted in response to a request from Senator Jesse Helms dated April 19, 1983. They are my personal views and do not necessarily represent those of The University of Iowa, the National Academy of Sciences, the American College of Obstetricians and Gynecologists or any other organization with which I am or have previously been affiliated. In preparing these comments I reviewed a report issued by the Food Research and Action Center in January, 1983, and testimony given by Edward N. Brandt, Jr., Assistant Secretary for Health, on March 14, 1983. I will address specifically the questions posed in Senator Helms' letter.

Recent IMR fluctuations

The FRAC report points to increases in IMR in 7 states and in 36 local areas between 1980 and 1981 as indicating deterioration in infant health as a reflection of economic conditions. Such may indeed be the case but in my judgment the data are much too preliminary to permit any firm conclusions. It is equally plausible that such changes might simply represent fluctuations inherent in the data-collecting systems employed. Such fluctuations can occur for two main reasons: (1) relative inaccuracy due to short intervals between occurrence and collection and (2) statistical variability due to small numbers in the data base. At this point, therefore, it is not possible to estimate the significance of the reported trends. The issue requires continued close observation.

Unemployment and IMR

Epidemiologically there is a relatively close correlation between poverty and IMR, suggesting some type of cause-effect relationship. Assuming this to be the case, it would be predicted that unemployment, acting through an association with poverty, would lead in increases in IMR. I question, however, whether the association is sufficiently direct to lead to observable effects in a period of a year or two. Rather, I should expect that several years, and perhaps even many years, of adverse economic situation would be necessary before a measurable and statistically significant impact on IMR would be evident.

IMR as indicator of health

IMR is generally regarded as a reasonably reliable indicator of the general level of health of a population. The larger the population, the less the data are subject to random fluctuation

and therefore the more "reliable" the results. However, the use of a large population may obscure an alarmingly high IMR in a subset. Thus, there is a trade-off between statistical reliability and practical importance. Certainly, using national data permits some subdivisions (e.g., by race) and states with around 50,000 annual births can be examined individually. Smaller states and virtually all cities and counties probably do not have enough births to permit confidence in their data for a single year.

If the aim is to assess pregnancy influences, perinatal mortality is more meaningful than infant mortality. Perinatal mortality should be broken down in fetal (last half of pregnancy) and neonatal (first 28 days after birth) deaths.

Factors affecting IMR

The IMR reflects predominantly the neonatal mortality rate and the principal cause of neonatal death is preterm birth. Thus, the major factors responsible for the progressive decline in IMR over the past 20 years have been a fall in proportion of low birthweight infants and, more importantly, dramatic declines in weight-specific mortality rates. The events in turn reflect improved antenatal care, particularly of high risk pregnancies and advances in newborn care.

As the neonatal mortality rate from preterm birth declines, other causes of infant mortality--congenital malformation, accidental injury, etc.--come to play proportionately greater roles.

IMR and WIC

A decline, and perhaps an accelerated rate of decline, in IMR has corresponded temporally with the WIC program. However, IMR began to fall well before the WIC program was initiated and it is not possible for me to estimate with any degree of confidence the possible cause-effect relationship. On the one hand, I believe that people are healthier if they eat better and, on this basis, I would expect that improvement in institutional status of individuals deficient in that regard would improve their health, particularly when vulnerable time periods such as pregnancy and infancy are involved. On the other hand, I wonder if the IMR is sufficently sensitive to mirror such changes over relatively short periods of time.

THE JOHNS HOPKINS UNIVERSITY

SCHOOL OF HYGIENE AND PUBLIC HEALTH

DEPARTMENT OF MATERNAL AND CHILD HEALTH

615 North Wolfe Street • Baltimore, Maryland 21205

May 5, 1983

Mr. Tom Boney
Senate Committee on Agriculture,
Nutrition and Forestry
328-A Russell Senate Office Building
Washington, D. C. 20510

Dear Mr. Boney:

Enclosed please find my responses to the issues you posed in the letter of April 19, 1983 relative to relationships among infant mortality and unemployment and the WIC Program. Should you have any need for clarification, I will be happy to respond promptly.

Sincerely,

Donald A. Cornely

Donald A. Cornely, M.D.
Professor and Chairman

DAC:dk
Enclosure/

STATEMENT OF DONALD A. CORNELY, M.D.

Factors Influencing Fluctuations in Cities and States

Fluctuations in infant mortality rates on an annual basis within states and cities are overwhelmingly due to the combination of infant death being a relatively rare event and the small number of live births occurring in many states and most cities in a single year. Even if there were no significant changes in the internal composition of the female population delivering live births or in the composition of the newborn population in a state or city between two consecutive years, minor differences in the absolute number of live births, infant deaths, or both produce decreases and increases in the infant mortality rate. These swings, either of increases or decreases, in this rate are larger the fewer the number of events used in the calculation on a purely mathematical basis.

Different demographic and obstetrical factors present in the female population delivering a live birth carry independent influences on the outcome of pregnancy, very modest changes in the configurations of maternal age, race, parity, or obstetrical complications in a low volume of live births can influence the infant mortality rate. Similar internal changes within the newborn population when occurring in a low volume of live births can produce changes in the infant mortality rate which severely limit an interpretation of the level of such a rate across a single year.

Aggregating the events of live birth and infant death across a larger experience either by combining several consecutive years or combining adjacent geographical areas helps to add stability to the infant mortality rate. Thus, while a year's experience with live births and infant deaths is an important constituent of a multiple year analysis, a single year's experience in a low volume area is of limited value in drawing inferences. If a community experienced 11 infant deaths among its total of 1000 live births in a single year, it would produce an infant mortality rate of 11/1000 live births. The expected fluctuation in that rate with the same volume of live births could range from a low of 5/1000 live births to 17/1000 live births due solely to chance variation associated with the limited experience represented by only 1000 live births.

Assessment of Historical Evidence Linking Unemployment and Infant Mortality Rates

It has been observed over many years that the rate of infant mortality is higher among lower socioeconomic groups in a population. Phenomena being reflected by that association vary over time since the causes of death among infants have changed over time, especially as postneonatal deaths due to infectious diseases have come under control through hygienic measures and antimicrobial drugs. The time lag between observing a change in the employment rate and when a change in the infant mortality rate is observed could be an understandably debatable issue. The quality of the data on unemployment and infant mortality rates during distant periods of high unemployment might be understood to be limited in comparison to the present time period. If unemployment rate changes are reflecting changes in the socioeconomic status of

a population, it is reasonable to expect that an association could be demonstrated between changes in the unemployment rate and changes in infant mortality rates.

Higher neonatal mortality rates among lower socioeconomic groups are primarily associated with the higher frequency of low birth weight infants. Higher postneonatal mortality rates among lower socioeconomic groups are generally associated with the occurrence and management of infectious diseases. Both problems, low birth weight and infectious diseases in the postneonatal period, involve considerations of the adequacy of the diet and the accessibility and utilization of proper preventive and therapeutic medical services. If unemployment rate changes are reflecting changes in a population's access to and utilization of proper food and personal health care practices, it is possible that such changes could influence the occurrence of the principle problems in infant mortality and eventually the rate of infant mortality. Thus, the simple association between unemployment rates and infant mortality rates could be observed without clarifying the specific factors responsible for such an association. Without considerably more data, infering a causal relationship between unemployment and infant mortality would be a conjecture.

Evaluation of Infant Mortality Rates as an Indicator of Overall Health or Change in Health

When the infant mortality rate in a population is high, perhaps 50/1000 and above, it is generally considered a barometer reflecting the presence in that population of many problems impairing life and health. Changes in the infant mortality rate, when that rate is in the high range, are felt to reflect the relative control of the many health problems in that population. As the infant mortality rate decreases to levels found currently in the U.S. population, the capacity of that rate to be an adequate barometer of the overall health of a population also decreases.

A major reason for the loss of sensitivity in lower infant mortality rates is the definition of health that is accepted by the community. As important as reducing the risk of dying is to a community, the factors associated with mortality may not adequately define or reflect the factors responsible for what is understood as a state of desired health. Management of chronic disability and behavioral impediments to optimum development of children may increase as the infant mortality decreases and using the infant mortality rate as the barometer of a population's health under such definitions of health or health problems would be misleading and a disservice.

It would be imprudent to choose the infant mortality rate as an appropriate outcome measure of the effectiveness of programs whose immediate objectives and activities are remote from factors influencing infant mortality. Similarly, expecting any potential long-term influence on the crude infant mortality would be no justification to utilize rapid or short time lag periods of infant mortality change as indicators of the effectiveness of specific programs.

Factors Affecting Infant Mortality Rates

In the U.S.A. at this time, the major component of infant mortality occurs immediately surrounding the time of birth. Being born too early or too light in weight, are the major predictors of increased risk of dying as a newborn. Infants born after a shortened period of gestation or being born as a low birth weight infant experience death as a newborn significantly more frequently than those newborns carried through a full period of gestation and who have an adequate birth weight. There is abundant evidence that women who initiate pregnancy when they are underweight or those women who fail to gain adequate weight during pregnancy, have significantly increased risk of producing a newborn who has had a shortened period of gestation or is born as a low birth weight infant. Other factors such as maternal age and parity, smoking, and socioeconomic status, in addition to the nutritional factors implied in pre-pregnancy and weight gain in pregnancy, also influence the frequency of low birth weight newborns.

Infants born with life threatening malformations and those born after a serious compromise during fetal life such as is found in association with several obstetrical complications of pregnancy, also experience an increased risk of dying as a newborn.

Once born, the availability of competent neonatal care will influence the risk of death, especially among very low birth infants and those with life threatening malformations or disorders amenable to specialized medical care.

The major cause of infant deaths beyond the neonatal period but within the first year of life are the Sudden Infant Death Syndrome, malformations and infectious diseases. The proportion of all infant deaths occurring beyond the first month of life is approximately 25%.

The opportunity to influence nutrition during pregnancy, smoking in the pregnant woman, detection and management of obstetrical complications occurring during the pregnancy highlights the importance of competent prenatal supervision and care being accessible and available to pregnant women. This is even more significant among low income populations. Similarly, access to available competent intrapartum care programs and neonatal intensive regional care centers will influence the survival of infants whose final hours before birth and the immediate hours after birth are surrounded with threats to their life.

Has the Decline in U.S. Infant Mortality Been Accelerated Since WIC Has Begun?

Year	U.S. Infant Mortality Rate (total)	% Decline
1920	85.8	
1930	64.8	24.5
1940	47.0	27.5
1950	29.2	37.9
1960	26.0	11.0
1970	20.0	23.1
1980[1]	12.5	37.5

[1] Provisional.

The decline between 1970-80 is at a similar level to that of 1940-50, and each period of that level decline followed a period of lesser decline. The period 1920-50 witnessed a decline of 66% while the decline between 1950-80 has been 57%. Using recent 20 year periods, the decline between 1950-70 was 32% and between 1960-80 was 51%. The decline over the most recent 20 year period, while somewhat advanced over the prior 20 year period, obviously began before the WIC Program was initiated (1972). One would judge the time to be too brief to associate any decline in the infant mortality rate with the appearance of the WIC Program. Far more important, however, is the question of whether if a decline in the infant mortality rate be demonstrated, should it be causally associated with the WIC Program? One would need far more extensive analyses of components of the infant mortality rate (neonatal and postneonatal), analyses of natality data with particular attention to the frequency of low birth weight infants among WIC recipients compared both to that population in the immediately earlier time period while controlling for any overall change in the frequency of low birth weight in the non-WIC population during similar time periods. Finally, it would be necessary to examine weight specific neonatal mortality rates over these time periods to determine whether similar weight newborns were surviving at different rates before and after the advent of the WIC Program.

One is prompted to raise the question whether the value of the WIC Program is best judged by changes in the infant mortality rate. As that rate continues its historic decline, it can be expected to decelerate, for example, if the 51% decline observed between 1970-80 were to continue it would require an infant mortality rate of 6/1000 in 1990. The value of adequate nutrition to pregnant and lactating women, and to infants who are not being breast fed is unquestioned and not dependent simply on reducing mortality. In 1980, the data indicate that 98.8% of live births are surviving with their attended nutritional needs.

ST. JUDE CHILDREN'S RESEARCH HOSPITAL
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Danny Thomas, Founder

May 9, 1983

Mr. Tom Boney
Senate Committee on Agriculture,
Nutrition and Forestry
328-A Russell Senate Office Building
Washington, D.C. 20510

Dear Mr. Boney:

Enclosed is the statement requested concerning the FRAC report on infant mortality rates and the recession. As you can see, I have shared this review with Dr. Stephen L. George, Director of our Biostatistics Section. For your interest I might quote from his introduction and his memo to me, "I looked over the material you sent to me from Senator Jesse Helms. The statistical issues seem clear-cut and unambiguous: Brandt (and Feinleib) are correct; FRAC is wrong. In fact, this episode (minus the political aspects) would make an excellent case study illustrating the need for an understanding of basic statistical concepts. These are clearly stated in the Brandt document and I see no real need for further elaboration."

We would like to raise another issue not mentioned by FRAC but implicit in their statement. This issue involves the lengthy delay before provisional data can be changed to final data. There is apparently at least a four year lag period. Thus, even if there were a real and dramatic increase in infant mortality in some region (or among some identifiable group) we would not have a chance of detecting it early. I can understand the reasons for the lag but it does not make us any more comfortable with it. It also increases the chance that groups like FRAC will leap to false conclusions, thereby, upsetting the public and wasting the time of Congress.

Thank you for the opportunity of reviewing this material.

My very best regards to you.

Sincerely,

Alvin M. Mauer, M.D.
Director

AMM:pas

Enclosure

STATEMENT OF ALVIN M. MAUER, M.D., DIRECTOR, ST. JUDE CHILDREN'S RESEARCH HOSPITAL AND CHAIRPERSON, COMMITTEE ON NUTRITION, AMERICAN ACADEMY OF PEDIATRICS

In January of 1983, the Food Research and Action Center (FRAC) released a report claiming that "the steady decline in infant mortality rates is being reversed in recession-hit cities and states." They furthermore, implicated underfunding of the WIC programs as one possible contributing factor in contributing to infant mortality rates.

In March of 1983, Dr. Edward N. Brandt, Jr., Assistant Secretary for Health, Department of Health and Human Services, responded to the FRAC report and indicated that faulty statistical methodology had been used to establish the apparent increase in infant mortality rates. The FRAC report and Brandt's response raise several issues related to the statistical validity of the initial report and the possible association of current economic factors and funding of nutrition supplementation programs as contributory to an apparent deterioration of public health standards. The following report is an effort to respond to some of the questions that have been raised.

Concern has been expressed that the fluctuations used by FRAC in their report to suggest increasing infant mortality rates represent expected random variations which are characteristic of such data. I have reviewed this matter with Dr. Stephen L. George who is Director of our Biostatistical Division at St. Jude Children's Research Hospital. Dr. George is a highly competent biostatistician, fully qualified to comment on these data and their interpretation. Both of us conclude with Dr. Brandt that the fluctuations that were observed in infant mortality data can easily be explained by random variation. Additionally, the problems of provisional versus final rates mentioned in the FRAC report make it very difficult to say anything at all about changes at this time.

Questions have been raised in the FRAC report concerning the historical evidence supporting a statistically significant link between unemployment and infant mortality rates. To relate unemployment to infant mortality rates would require a detailed analysis with careful consideration of all relevant factors (e.g. smoking habits, age of mother, race, etc.). Over the past 15 or more years the proportionate decrease in infant mortality rates has been remarkably constant in both races (approximately 5% per year). Since there have been dramatic economic fluctuations during this time, it would be surprising to find any simple relationship between infant mortality and any economic indicator. However, the documents that were provided for analysis and comment do not really answer this question.

Questions have been raised concerning the use of infant mortality rates as an indicator of the overall health of a city, state or nation or of changes in overall health. The use of infant mortality by itself as an overall health indicator seems rather naive to us. Nevertheless, it is obviously an important indicator of something, probably a complex combination of health, social economic and cultural factors that would be extremely difficult to separate in any analysis. There are many other indications such as immunization rates, dental caries, growth rates in infants and children, infectious disease experience and overall survival rates which also reflect various aspects of public health.

The FRAC report, obviously, raises the question concerning what various people "feel" are the leading factor affecting the infant mortality rate. Obviously, "feelings" are an inappropriate approach to such a complex biomedical problem. Careful analysis of valid data concerning the variety of influences and factors involved in the

the infant mortality rates of a nation are necessary before reasonable conclusions could be drawn concerning significant associations.

As indicated above the FRAC report carries the implication that underfunding of the WIC program is a possible contributing factor to infant mortality in this country. It should be noted that the decrease in infant mortality in the United States began before the initiation of the Special Supplemental Food Programs for women, infants and children and there is little, if any, indication of a change in the slope of the decreasing infant mortality curves following the beginning of the WIC program. However, one cannot conclude that the WIC program has not, to some degree, influenced the decreasing infant mortality rates. The purpose of the WIC program is much larger than the single effect of reducing infant mortality rates. One could always speculate that without the introduction of the WIC program the decreasing rates would have leveled off. One could always say as well, that the proportion of individuals at risk for nutritional deficiencies benefiting from the WIC program is too small to influence infant mortality rates. From the available data it is impossible to conclude much of anything concerning the influence of WIC during the past decade on infant mortality rates.

It should be noted that the support for the WIC program provided by Congress has not decreased during the past few years. Just this March the Congress passed and the President signed the Emergency Jobs Bill which contained an additional $100 million in WIC funds for FY '83. WIC participation has been staying close to the 2.4 million level. Participation decrease slightly from 2,434,000 in October, 1982 to 2,395,000 in February, 1983. This clearly is not a sufficient change to expect an alteration of infant mortality rates even if there were an association. With the new funds provided by the Jobs Bill, it is anticipated that participation will reach 2.8 million at the end of FY '83.

I have been a strong supporting advocate for the WIC program from its inception. I hope that Congress will provide sufficient funding for FY '84 to care for the 2.8 million persons who are expected to be participatants at the end of this year. It appears from the recent trends in food prices that 1.36 billion will be need next year to maintain the FY '83 year end case load. This is the level we are hoping Congress will provide for the next year.

We thank you for the opportunity of commenting on this matter. Please let us know if we can provide any additional information or clarification.

Sincerely,

Alvin M. Mauer, M.D.
Director

AMM:pas

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THE UNIVERSITY OF MICHIGAN
SCHOOL OF PUBLIC HEALTH
ANN ARBOR, MICHIGAN 48109

DEAN EMERITUS MYRON E. WEGMAN

June 7, 1983

Honorable Jesse Helms
Committee on Agriculture, Nutrition
and Forestry
United States Senate
Washington DC 20510

Dear Senator Helms,

I am answering the questions you posed to me in your letter of 19 April, in order.

Thank you for the opportunity to make these comments.

Very sincerely yours,

Myron E. Wegman, M.D.
Dean Emeritus

MEW:aen
Enclosure

STATEMENT OF DR. MYRON E. WEGMAN, DEAN EMERITUS,
THE UNIVERSITY OF MICHIGAN SCHOOL OF PUBLIC HEALTH

My answers to the questions posed in your letter of 19 April are:

1. To what factors do you attribute fluctuation in state and city infant mortality rates?

Besides those factors influencing infant mortality per se, rates in cities and states are more subject than national rates to chance variation from year to year. Thus, in many states, particularly the smaller ones, one would not be surprised to find a higher level in a given year, despite an overall downward trend.

Nevertheless, while one would not draw firm conclusions from a single year, it is perfectly reasonable that a rise should cause one to be alert. For example, infant mortality in this country was almost on a plateau between roughly 1950 and 1965, when the rest of the industrial world was witnessing a steady decline in infant mortality. Since medical advances were generally available this certainly should have been cause for alarm and action. Closer attention to rises in state rates would have been useful.

2. Is there a statistically significant link between unemployment and infant mortality rates?

To answer this question would require special studies over a period of time. I believe such studies have been undertaken at the School of Public Health at the University of North Carolina but I do not know what conclusions have been drawn. My own feeling is that one would reason, a priori, that some relationship between infant mortality and unemployment is bound to exist, unless one believes that unemployment is not connected with loss of family income or medical care or food supplies - an unlikely assumption. The clear cut association of poor socioeconomic status with high infant mortality leads me to consider that the burden of proof lies on those who suggest that a link does not exist. To be sure, mortality is not the best index of an unfavorable effect. More subtle changes in physical, mental and social development are more likely to accompany loss of family income.

3. How good is infant mortality as an indicator of overall health or changes in overall health?

Infant mortality rates are useful indicators of the overall health of a city, state or nation, but only in broad terms and in broad groupings. Countries and states with the highest infant mortality rates consistently have poorer health conditions and health status than do countries with lower infant mortality rates. On the other hand, it is difficult to make comparisons when rates are so low that there are only small percentage differences. This reservation does not gainsay the fact that indicators like life expectancy and morbidity are in general more favorable in Sweden, which currently has an infant mortality rate 60% that of the United States, than in our own country. The counter argument that Sweden is homogeneous and therefore ought to be compared to a state like Minnesota leads to two comments. First, in my view, a country is responsible for all of its citizens and may not select a favorable unit for comparison purposes, and second, even if one were to use Minnesota alone, that state's infant mortality is still almost 50% higher than that of Sweden - and Sweden has a slightly lower per capita income than Minnesota. I suspect, furthermore, that the Swedes could produce sections of their own country which have data substantially better than their national

average.

4. What are the leading factors affecting infant mortality rate?

This is a complex question to try to answer. There are many factors, they differ in quantitative effect, and they don't always operate in the same direction. Among those I consider of greatest importance are:

The genetic constitution of the child and parents.

The health of the parents, their living conditions and life style.

The general public health environment of the community in which child lives, particularly as to water supply, waste disposal, milk, food and exposure to ionizing radiation and other environmental hazards.

Exposure to infectious diseases in the community and in the home.

The level of housing in which the child lives, particularly as to crowding among household members.

General status of advances in obstetric and pediatric care and the accessibility of high level care to the child. It seems clear that in this country we have not achieved a single standard of care for all citizens. The care an infant gets is certainly affected by the parent's income and the accessibility of medical services.

It goes without saying that the amount and quality of food available to the child, beginning with the desirability of breast feeding, is crucial not only to survival but to survival in a satisfactory state.

5. What is the effect of the WIC program?

Again, to answer this question as stated would require special studies and selection of comparison groups. Anyone who knows about child care recognizes, however, that improving the quantity and quality of food and of medical care available to children benefits them. An alternative question - could the parents not have acquired the necessary food and the necessary medical care through other existing community means, or through their own resources? - cannot be answered by any data of which I am aware.

Comparative data on black and white infant mortality may throw some light on the question, since, given existing differences in socio-economic status, such a comparison has some use as a surrogate measure. Over the years prior to 1950, as shown in the charts presented by Dr. Brandt before your committee, the black rate seemed to be declining more rapidly than the white. This is what one would expect from a public health standpoint since in 1941, for example, the black rate was some 80% higher than the white rate and one expects a higher rate to be easier to reduce. By the end of World War II, the black rate had reached a level only 53% higher than the white. After that, however, the black rate became almost entirely static while the white rate continued to decline, albeit more slowly than in previous years. Since 1960 the decline in the two rates has again been parallel but the black rate is still 90% higher than the white. It is difficult for me not to believe that differences in health care, home conditions and food availability had something to do with this record.

Finally, I do not wish my remarks to imply that I am necessarily in favor of the WIC program in its present form. I would rather see a more comprehensive program directed to all mothers and children that would assure all of them adequate nutrition, adequate housing and adequate medical care, but this does not seem to be in the offing.

UNIVERSITY OF CALIFORNIA, SANTA BARBARA

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COMMUNITY AND ORGANIZATION
RESEARCH INSTITUTE

SANTA BARBARA, CALIFORNIA 93106

July 4, 1983

The Honorable Jesse Helms
United States Senate
Committee on Agriculture
Nutrition, and Forestry
328-A Russell Senate Office Building
Washington, D.C. 20510

Dear Senator Helms:

Thank you for requesting my comments on the issues you raised in your letter to me dated April 27, 1983 regarding the recent report by the Food Research and Action Center. I have consulted with my colleague, Dr. Alfred C. Hexter of the State of California, Department of Health Services for his scientific expertise. The enclosed comments therefore reflect both of our views.

I appreciate the perseverance of your aide, Mr. Tom Boney, who convinced me that my comments would be of some value to you and the Committee. I have enclosed some information on our recent activities related to improving the timeliness and accuracy of vital statistics.

Again, thank you for your interest in my views on the important matter of the effect of nutrition on reproductive outcomes.

Sincerely,

Ronald L. Williams

Ronald L. Williams, Ph.D.
Director, Health Data Research Facility

Enclosures (3)

cc: Alfred C. Hexter, Ph.D.

STATEMENT OF RONALD L. WILLIAMS, PH.D., COMMUNITY AND ORGANIZATION RESEARCH INSTITUTE, UNIVERSITY OF CALIFORNIA AT SANTA BARBARA

These are my comments regarding the report dated January 24, 1983 by the Food Research and Action Center (FRAC) entitled, "New Trends In Infant Mortality: A Report." In an accompanying press release FRAC director, Nancy Amidei, stated that, "After years of steady progress, infant mortality rates are going UP once again --- statewide in eight states surveyed, and in 36 local areas." Evidence to support this statement consisted of provisional data from eight states and unofficial information obtained by telephone calls to local health departments.

It is my opinion that the evidence presented by FRAC cannot support their claim that there has been a real increase in infant mortality rates in any of the United States. Indeed, all available statistical information supports the view that the historic trend of declining infant mortality rates is continuing unabated, both nationally and for each state.

The FRAC staff was apparently misled by year-to-year fluctuations in provisional infant mortality rates owing to statistical chance or "happenstance." While infant mortality rates have historically been used as crude indicators of the well-being of human populations, the interpretation of yearly trends must account for a variety of confounding factors. The following simple conceptual model may be used to understand the sources of variation in infant mortality rates:

1) Optimal fetal growth is influenced by many factors, both before and during pregnancy. Some of those found to be most important are the mother's age, pregnancy history, physical stature, ethnicity, health status, nutritional status, and access to prenatal care. If maternal well-being during pregnancy is less that optimal, then there is an increased chance of premature labor and/or retarded fetal growth, both of which result in a baby of low birth weight. For a specific population of pregnant women the birth weights of their infants thus provides a general indicator of maternal well-being.

2) The infant mortality rate is defined as the number of babies who die during their first year of life for every 1000 live births. In the U.S. the bulk of these deaths occur in hospitals during the first few days of life, and most of these deaths are attributable to low birth weight. In general, the best predictor of the infant mortality rate for a specific region is the proportion of babies below a certain birth weight. Thus, birth weight is the quantitative link between maternal well-being during pregnancy and infant mortality.

3) Other factors affecting the infant mortality rate in addition to birth weight include the quality of medical care and statistical randomness. The former includes recent technological advances incorporated in the medical specialties of perinatalogy and neonatalogy. The latter is related to the small probability of infant death (roughly one per cent). It can be illustrated by the simple example of flipping a ("fair") coin: if we flip the coin only 10 times, we are not surprised if we observe some combination other than 5 heads and 5 tails; however, if we flip it a 1000 times or more, we expect the ratio of heads to tails for a "fair" coin to be close to 50:50. Since infant mortality in the U.S. is now a rare event, we must accumulate many births to produce accurate estimates of the "true" infant mortality rate.

To summarize, the infant mortality rate for a particular geographical region is principally determined by three factors:

1) Birth weight, which reflects maternal well-being.

2) Medical care, which can improve survival probabilities.
3) Statistical chance, which is larger for fewer births.

During the last two decades the infant mortality rate in the United States has dropped roughly by one-half. Less than one-fifth of this decrease can be attributed to reductions in low birth weight. Since statistical chance plays a negligible role when considering the large number of total U.S. births, I believe that a large proportion (upwards to four-fifths) of the recent reduction in U.S. infant mortality rates can be attributed to improved medical care during and shortly after birth.

The FRAC report asserted that the infant mortality rate is increasing in certain geographical areas in the U.S. and that the source of this alleged increase was poor maternal/newborn nutrition stemming from the largest rates of unemployment since the Great Depression. Both of these conclusions are of dubious validity. First, as I will show later, the FRAC-reported increase in infant mortality rates in some states was probably an artifact owing to statistical chance and to provisional reporting; in fact, the infant mortality rate has been decreasing in the states that FRAC cited. Second, even if there had been a real increase in the infant mortality rate, it would take a much more careful analysis to attribute the source of the increase to poor nutrition.

The following steps would be necessary to make such an inference:

1) Establish that the apparent increase was not a consequence of statistical chance alone.

2) Establish that such a non-random increase was the result of an increased frequency of low weight births.

3) Demonstrate that, among the many factors affecting birth weight, nutritional inadequacy contributed to the increased numbers of low weight births.

The FRAC report not only avoids addressing steps 2) and 3), but does not even convincingly establish that there has really been an increase in infant mortality rates. Table 1 shows that the FRAC claim that infant mortality rates were rising in eight states was based on apparent small increases in their provisional rates from 1980 to 1981 (except for Alabama, where a 1980-1982 comparison was made). Because of the relatively small number infant deaths in most of these states, their infant mortality rates can fluctuate up and down as a consequence of chance alone; the smaller the state's population, the larger the expected fluctuation. In any particular year it would not be surprising to have eight or more of the fifty states reporting an upward fluctuation in their infant mortality rates, only to have them drop again the next year and continue to follow the generally declining historical trend.

In Table 2, from provisional data published by the U.S. Department of Health and Human Services (DHHS), we see that random fluctuations were indeed the source of the apparent one-year increase in infant mortality rates for seven of the eight states that FRAC reported in Table 1. The DHHS provisional 1982 data, which was published shortly after the FRAC report, shows a decrease in infant mortality rates from 1981 to 1982 for all except one of the eight states. As for the local areas surveyed by FRAC, the evidence is even weaker owing to the inherently smaller numbers of births and deaths, to the informal and provisional reporting, and to the geographic movement of mothers and babies; the latter results in erroneous rates whenever a baby is born in one locality, but subsequently dies in another. I must therefore conclude that the apparent increase in infant mortality from 1980 to 1981/82 reported by FRAC was attributable to random fluctuations.

This conclusion, however, does not diminish the importance of monitoring and evaluating the possible impact of changing social and economic conditions on reproductive outcomes. In effect, a study addressing the questions posed in the FRAC report was indeed warranted in light of current economic events. The FRAC study was not, however, well executed technically and overstated the results. To carry out a rigorous study would require more timely and accurate data as well as a more analytical approach. It is understandable that FRAC failed to perform a more rigorous study since there exist some substantive obstacles.

First, there is the problem of timely data availability. The responsibility for collecting and processing vital records (birth and death certificates) lies not in the hands of the federal government, but with the individual states. Within many states, this responsibility is further decentralized to the local (usually county health department) level. Thus, there is much diversity and fragmentation in the manner by which vital records are collected, processed, and analyzed. While the federal government attempts to promote uniform, accurate, and timely reporting, its powers are limited, both by legislative requirements and available resources. For the most part, vital record activities at the state and local levels are of a low priority and are generally viewed as not warranting a significant investment in modern methods of data processing. Virtually all the nearly six million birth and death certificates that are filed each year in the U.S. are completed by manual means: using either a typewriter or handwriting. The data contained on vital records eventually becomes computerized and available for statistical analysis, but only after long delays using relatively archaic data processing techniques.

The message here is clear: If vital records are to be used as a national resource for purposes of monitoring the effects of changing social and economic events and of government policy and programs, then the current system of registration, collection, and analysis must be modernized. With the availability of timely and accurate vital statistics, the chances of propagating misinformation based on provisional data and informal surveys would be minimized.

Next, let us assume that timely and accurate vital statistics can be provided. Then there remains the problem of appropriate analytical techniques. While the infant mortality rate may be a crude indicator of maternal and fetal well-being, because of the relative infrequency of infant death, it is subject to much randomness. Small states and local areas, where the effects of unemployment and other adverse conditions are likely to be concentrated, are especially vulnerable to this effect. To circumvent this problem, I suggest that the birth weight distribution of a particular region be used in place of the infant mortality rate as an indicator of maternal and fetal well-being. Various statistical measures of the incidence of low birth weight can then be used with less uncertainty from statistical fluctuations.

Even after making this simplification, there remain many technical obstacles in attempting to separate the impact of the variety of factors know to affect reproductive outcomes. A national commitment to support such studies would pay significant dividends by providing better assessments of the impacts of government policy on the health of mothers and infants. Until rigorous studies are performed, I must agree with FRAC in urging Congress and the President to continue funding the WIC program at its present level of real dollars.

Table 1. Evidence Presented In The Food Research and Action Center Suggesting An Increase In Infant Mortality Rates In Eight States

Infant Mortality Rate (per 1000 live births)

State	1980	1981	1982
Alabama	15.1	12.9	14.8
Alaska	12.3	12.7	
Kansas	10.1	11.0	
Michigan	12.8	13.2	
Missouri	12.3	12.7	
Nevada	10.9	11.3	
Rhode Island	10.9	11.7	
West Virginia	11.8	13.1	

Source: "New Trends In Infant Mortality: A Report." Washington, DC: Food Research and Action Center, January 24, 1983.

Table 2. Provisional Infant Mortality Rates For The Eight States That FRAC Reported As Having Increased Infant Mortality Rates: 1980–1982

Infant Mortality Rate (per 1000 live births)

State	1980	1981	1982
Alabama	15.0	13.2	14.1
Alaska	12.3	13.6	11.7
Kansas	9.6	10.2	9.7
Michigan	12.5	13.0	11.7
Missouri	14.0	14.4	12.5
Nevada	11.9	11.3	11.9
Rhode Island	12.0	13.5	11.0
West Virginia	12.8	13.9	11.0
Total (8 states)	12.9	13.1	12.0

Source: National Center for Health Statistics: Monthly Vital Statistics Report. Vol. 31, No. 12. Washington DC: DHHS, March 14, 1983.

STATE OF CALIFORNIA- HEALTH AND WELFARE AGENCY George Deukmejian, Governor

DEPARTMENT OF HEALTH SERVICES
2151 BERKELEY WAY
BERKELEY, CA 94704
415/540-3091

May 10, 1983

Professor Ronald L. Williams
CORI
University of California
Santa Barbara, California 93106

Dear Ron:

Thank you for the FRAC report. Yes, I am interested in commenting. Here are some comments which address some of the questions in Helms' letter, as follows:

1. There are a number of factors affecting infant mortality. Some of the major ones may be summarized as:

   a. birthweight. This the single most important factor in determining an infant's chances of survival. An infant with low birthweight requires special, and very expensive, care; it may die despite the best efforts of medical science, and many of the low weight babies who survive have impairments.

   b. the quality of medical care available to the newborn infant. In recent years there have been substantial improvements in the level of care available to the newborn and this is reflected in the continuing decline in birthweight-specific neonatal mortality rates.

   c. the quality of medical care available to pregnant women. Continuing medical advances in identification and treatment of high-risk pregnancies have undoubtedly contributed to the continuing decline in low weight births, although the extent to which these have done so is not clear.

   d. maternal factors. The primary importance of maternal factors is their effect on birthweight. A healthy mother is more likely to have a healthy, full-weight baby with a good chance for survival. Nutritional status is an important factor here, but it is only one of many.

   e. the health of the baby after it is discharged from the hospital. Nutritional status is very important is determining the baby's health, but the overall effect on infant mortality rates is small. This is so because most infant deaths in the United States occur in the first few days after birth, while the infant is still in the hospital. In countries with poor hygiene, nutritional status of the baby has greater impact on infant mortality.

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f. access of mother and baby to medical care. I have placed this last because, while undoubtedly some mothers and infants do not have access to care, there is no consensus on the magnitude of the problem.

Thus, while nutrition is a factor affecting infant mortality, it is only one of many.

2. Infant mortality is generally accepted as an important indicator of the overall health of a city, state of nation. However, it tends to be a sluggish indicator, following events by one or two years or more.

3. Annual fluctuations are characteristic of mortality rates whether for states, cities or other areas. Even when the overall rates are declining, rates for some states and local areas will increase from chance alone. The fluctuation in rates reported recently are consistant with historical experience. The great differences noted between different areas within a city, where the highest areas have rates three or four times the rates of the lowest areas, are a common observation and reflect differences in socio-economic status, race and ethnicity, availability of care, and other factors.

4. The Food Research and Action Center (FRAC) report listed a number of states and local areas where infant mortality rates have increased. However, even if chance fluctuations are disregarded, they failed to demonstrate any connection with recent changes in the WIC program. To demonstrate such a connection they should have shown that the areas in question have had larger cuts in the WIC program than areas with declines in infant mortality. They could have done this by testing for a statistical association between the percent decline in WIC funds per live birth and the percent increase in infant mortality rate for the 50 states, using any of several standard statistical methods. Some of those methods can be extended to include additional variables, such as percent unemployment.

5. It is generally agreed that both WIC and unemployment have impacts upon infant mortality, but I have not studied these relationships and therefore cannot comment further.

I am going on vacation at the end of next week. I will talk to you after I return, June 13.

Sincerely,

A. Hexter

Alfred C. Hexter, Ph.D.
Epidemiologist
California Birth Defects Monitoring Program

cc: Frank Norris

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1326 THIRD AVENUE
SAN FRANCISCO, CALIFORNIA 94143

July 8, 1983

Senator Jesse Helms, Chairman
Committee on Agriculture, Nutrition
and Forestry
United States Senate
Washington, D.C. 20510

Dear Senator Helms:

I am very pleased to respond to your request for comments on the issue of infant mortality in the United States. Enclosed is testimony for the record of the Committee on Agriculture, Nutrition, and Forestry. The testimony also deals with many of the points raised in the specific questions asked in your letter, but I would like to address those issues briefly in this letter as well.

1. With regard to yearly fluctuations in annual infant mortality rates in states and cities, I feel that neither FRAC nor the Assistant Secretary has given a thorough interpretation. The Assistant Secretary is technically correct in pointing out that fluctuations in a single year are not unusual and are not in themselves evidence of a reversal of long-term downward trends. However, there is no basis for the Assistant Secretary's assertion that these fluctuations are due to random statistical processes; without knowing what was going on in the states and cities that show a one- or two-year rise in infant mortality, it is impossible to know how much of an annual rise should be considered random and how much could be attributed to factors that are well known to influence infant mortality. FRAC, quite appropriately, drew attention to the annual fluctuations as warning signs. Warning signs, perhaps, not of a long-term reversal but of possible developments that are having an adverse impact even in the short-run on infant mortality.

2. While I am not aware of studies that directly link unemployment and infant mortality rates, unemployment is certainly associated with income and health insurance status, both of which are known to affect infant mortality rates. Income and other indicators of socioeconomic status are among the best studied factors and have been correlated not only with infant mortality but with other measures of child health status. Similarly, health insurance helps provide access to health care services such as prenatal care that are critically important in influencing infant mortality rates. Thus, unless there are programs to compensate for the loss of health insurance, adequate nutrition, and other necessities that are lost when unemployment rises, there is every reason to expect that infant mortality rates would go up during periods of unemployment.

3. Infant mortality rates as an indicator of the overall health of the people are among the most basic measures that society must pay close attention to. When infant mortality rates are affected, that is a sign that far too much has already taken place that should have been avoided. Earlier indicators of health status and indirect measures such as access to health care services must be monitored so that tragic infant deaths are not the earliest signs of the need for public action. At the national level, continuing surveillance of the population through the National Health Survey is absolutely necessary. Even that survey, however, often only allows data on the nation as a whole and certain large areas to be measured; not nearly enough detail on the smaller areas or on states is possible.

4. The leading factors affecting the infant mortality rate are well known. Very low birth weight is by far the most important factor and is itself associated with race, socioeconomic status, prenatal care, mothers' education and age, nutritional status, and care of the ill or extremely small newborn after birth. Most of these factors are amenable to intervention and if addressed on a large scale would have a very positive impact on the nation's infant mortality rate.

5. I have not reviewed the literature on the Supplementary Food Program for Women, Infants and Children sufficiently to say with confidence that a relationship between WIC and declines in infant mortality has been conclusively established. I am of the strong opinion that the program, by combining an incentive to use health care services with actual nutritional supplementation, is extremely likely to have a beneficial effect on infant mortality among the target population.

I sincerely hope that these comments are of some use to you and your committee as you deliberate over these very important matters. If I can be of any further assistance, please do not hesitate to contact me once again.

Sincerely yours,

Peter P. Budetti, M.D., J.D.
Associate Professor of Social
Medicine in Pediatrics

STATEMENT OF PETER P. BUDETTI, M.D., J.D.,
ASSOCIATE PROFESSOR OF SOCIAL MEDICINE IN PEDIATRICS
UNIVERSITY OF CALIFORNIA, SAN FRANCISCO

The following testimony concerns the controversy over the news release and report prepared by the Food Research and Action Center (FRAC) and released on January 24, 1983. In particular, the accuracy of the report and the importance of its conclusions were challenged by the Assistant Secretary for Health of the Department of Health and Human Services, Edward N. Brandt, Jr., M.D., Ph.D., in testimony March 14, 1983, before the Sub-Committee on Rural Development, Oversight and Investigation of the Committee on Agriculture, Nutrition, and Forestry of the U.S. Senate. At the request of Senator Jesse Helms, Chairman of the Committee on Agriculture, Nutrition, and Forestry, I have reviewed both the FRAC report and the Assistant Secretary's response and offer the following comments for the benefit of the Committee.

The Assistant Secretary testified that "FRAC . . . reached unwarranted conclusions." In particular, he said that they "were mistaken in their conclusion that infant mortality has been increasing." His criticism was based largely on the fact that the FRAC authors had compared only two years of data in most cases, 1980 and 1981. A more comprehensive look at the data over a longer period, however, shows that the overall trend for all states is downward, even though the figures for some states every year are transiently upward. Attributing these transitory, yearly increases to random statistical events and to characteristics peculiar to the provisional data used for the most current analyses, the Assistant Secretary reassured the Committee that there was "no evidence that the rate of decline of infant mortality had abated either nationally or in any state" and implied that the FRAC conclusions were to be disregarded.

These observations by the Assistant Secretary concerning the shortcomings of the statistical analysis by FRAC are technically entirely accurate. Nevertheless, I believe that the inference that there is nothing to worry about is nearly as unwarranted as the FRAC conclusions that were criticized.

Assistant Secretary Brandt, with the assistance of the highly skilled personnel of the National Center for Health Statistics, clearly demonstrated that the overall trend in infant mortality for each state is more important than year-to-year figures. Thus, it was not accurate for FRAC to conclude that the data they presented demonstrate "the steady decline in infant mortality rate is being reversed." To reach that conclusion and to be accurate statistically would require both final, not provisional, data and longer time trends than a single year.

Even given the truth of the considerations raised by the Assistant Secretary concerning the short time-spans and provisional data, there are at least three important reasons why it is not accurate to conclude that no problem is at hand. First, there are worrisome changes taking place in factors that are known to be associated with infant mortality that make it imperative to monitor the situation on a more timely and detailed basis than is now possible. Second, the data used by the Assistant Secretary are not quite as free of warning signs as he implied. Finally, all data show a serious problem that is not being addressed adequately: the persistent gap in infant mortality between the races.

On the first point, what is known about the causes of infant

mortality tells us that we simply cannot ignore increases even if they last only one or two years. One of the main reasons that the Assistant Secretary felt that the FRAC data should not be interpreted as showing signs of deterioration in infant mortality rates was that he considered such upward fluctuations to be simply random statistical events. Dr. Brandt stated that "to some extent, mortality is a random process . . . " This statement, while true enough on its face, begs the important question -- to what extent? That is, we see infant mortality rates rise for a year or two and then decline and we see this pattern repeated in different states at different points in time. Statistically, this pattern may well suggest that random fluctuations are taking place, but the very strong possibility also exists that such fluctuations are not entirely random but are to some degree the result of conditions that vary from year to year in different states. There are factors that are well known to be very strongly correlated with infant mortality, including race, income, maternal age, prenatal care, nutrition, and others. Without detailed analysis of empirical data on the situation in each of the states demonstrating transient increases in infant mortality rates, we simply cannot say that all such fluctuations are simply random events.

For purposes of illustration, a parallel may be drawn to deaths of soldiers on a battlefield. One might observe that to some extent such deaths were a random process -- which particular soldier was killed by what particular weapon at a given time might very well appear to be fairly random given a large number of soldiers and a large number of lethal weapons acting on them. Detailed analysis, however, might well uncover a wide range of factors that determined which soldiers died. Individual reflexes, protective clothing, types and duration of training, and a myriad of other factors might in fact be just as important as the seemingly random aspects of battle. Even more important, the number of soldiers dying is itself principally determined by the policy decision to send them on to the battlefield in the first place, a decision that is far from a random process. Similarly, the factors that are known to be correlated with infant mortality can vary in ways that are not at all random: income falls during unemployment, prenatal care drops as public and private coverage varies, nutrition levels respond to income and public subsidy programs. Thus, the argument that the overall downward trend proves that the year-to-year rises are simply random events cannot be upheld without actual study of the factors associated with year-to-year rises in mortality.

Second, the fluctuations reported in recent years are not all simple one-year "blips." Some of the states cited show warning signs of possible trends that warrant close observation. The Assistant Secretary emphasized that the fifteen states that demonstrated rises in their rates between 1980 and 1981 all declined between 1981 and 1982, and he pointed out that a different eleven states showed rises in 1982 compared with an average of thirteen states each year between 1970 and 1982. But, a closer look at the 26 states demonstrating a rise in either 1981 or 1982 shows that for ten of them, their 1982 rate was equal to or still greater than the rate reported for 1980. That is, many of those states did decline one year later, but not enough to offset the rise in one of those two years. Whether this leveling off and short-term rise in these ten states over a two-year period signifies an upward trend cannot, of course, be determined from the data, but indicates that further analyses are certainly necessary.

Third, the best-established and perhaps most serious reason why it is too soon to be complacent about infant mortality is mentioned, albeit far too lightly, in Assistant Secretary Brandt's own testimony: the racial differences in infant mortality. The fact that black infant mortality is much higher than that for whites seems far too readily tolerated, even accepted. Perhaps an unstated implication is that there is some inherent genetic difference between the races and that extraordinary measures to bring the black levels down to those of whites are not necessary. Examination of the data, however, suggests quite the opposite. The fact that rates for blacks are parallel to those for whites in the rate of decline suggests very strongly that some time after white rates level off (at some as-yet unknown irreducible figure for infant mortality) black rates will eventually reach a similar low point.

One way to understand this argument is to look carefully at data such as those presented in Table 1 by Secretary Brandt. If one looks at the year in which members of the different racial groups reached certain landmarks in infant mortality, one finds a striking difference. White infant mortality fell below 40 per 1,000 live births in 1942; blacks did not reach that level until 1967. White infant mortality fell below 30 per 1,000 live births in 1948; blacks reached that level in 1972. White infant mortality fell below 20 per 1,000 live births in 1967; black rates have not yet fallen below that level, although it appears that they may well do so during the 1980's. White infant mortality is now approaching the level of 10 per 1,000 live births, a figure nowhere in sight for blacks at this time. In my opinion, these data suggest not that blacks cannot reach the same level as whites, but that they will reach those levels only some 20-25 years later than whites.

For purposes of public policy discussions, the important question is whether there are steps that could be taken to hasten the decline in black infant mortality rates. FRAC pointed out the importance of one well-studied factor, nutrition. Another factor amenable to ready intervention and closely correlated with infant mortality is adequate prenatal care. Work by my colleagues, Jonathan Showstack and Donald Minkler, and myself shows clearly the importance of prenatal care. Even after controlling for a variety of other important factors including length of gestation, the baby's sex, whether the child was a single or part of a multiple birth, mother's age, mother's education, the number of previous pregnancies, complications of pregnancy, and type of hospital of birth, prenatal care is associated with an important increase in birth rate. For all babies adequate prenatal care improved birth weight by about 6% and for black babies by about 8%. Since differences in birth weight account for the disparity in infant mortality between the races, the fact that factors such as prenatal care can be used to improve birth weight distribution -- and thus black infant mortality rates -- should be a matter of highest importance for the Congress and the Department of Health and Human Services. If blacks had achieved levels equal to those of whites, 6,000 fewer black babies would have died in 1979. (Conversely, if white families had to endure the same rate that black families experience, nearly 30,000 more white babies would have died in 1979 than actually did.) Similar figures could be expected for all recent years. The persistent difference in infant mortality between the races illustrates the fact that the continuing decline in infant mortality

for the total population, although a noteworthy accomplishment, masks serious problems that deserve immediate attention.

In summary, Assistant Secretary Brandt is correct in asserting that the best current data still show impressive overall declines in infant mortality in the United States. However, many of the factors known to be associated with infant mortality are heading in a dangerous direction and need vigorous, careful, and continuous scrutiny. We should not require that a statistically significant, larger number of babies die every year for a substantial number of years before we pay attention to warning signs that might indicate a reversal of health status at such a basic level in this country. FRAC itself raised this point in cautioning that its survey "should not be taken as the 'last word'. . . but . . . should cause responsible people in public life to take a second look . . . "

Analyses based on comparisons between provisional data and final data from earlier years or based on long-term trends in provisional data are statistically suspect as noted by the Secretary. Yet, final data are currently available only t' gh 1979. Are we to wait four years plus an additional number o. years before trends are confirmed statistically when possible warning signs are noted? The government simply must have and must use the capacity to analyze such important data on a more timely and more detailed basis. The ability to reach conclusions with the certainty suitable for public policy decisions must be maintained at the highest possible level. And, even if the overall trends continue downward, we must increase our efforts to save the thousands of black infants who die unnecessarily each year.

THE UNIVERSITY OF NORTH CAROLINA
AT
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June 27, 1983

Mr. Tom Boney
Senate Committee on Agriculture,
Nutrition, and Forestry
328-A Russell Senate Office Building
Washington, D. C. 20510

Dear Mr. Boney:

As requested by Senator Helms, I am responding to the specific issues raised in his letter of April 22, 1983 regarding infant mortality. The statement has been prepared following the instructions suggested for preparing statements to be presented for the hearing record.

I hope my comments contribute to an informed discussion of the issues and will deeply appreciate receiving a copy of the full record when it is available.

With good wishes.

Sincerely yours,

Earl Siegel, M D

Earl Siegel, M.D., MPd
Professor

ES/se

STATEMENT OF DR. EARL SIEGEL, PROFESSOR OF MATERNAL AND CHILD HEALTH AND CLINICAL PROFESSOR OF PEDIATRICS UNIVERSITY OF NORTH CAROLINA, CHAPEL HILL, NORTH CAROLINA, 27514

I appreciate the invitation to respond to the specific issues regarding infant mortality in the United States submitted to me by the Committee on Agriculture, Nutrition, and Forestry. The issues are extraordinarily complex often rendering precise, unequivocal answers impossible. But, I have considered the Committee's questions with great care, drawing on 30 years of professional and academic experience in pediatrics and maternal and child health.

The five issues raised in Senator Helms' letter and my responses to them follow:

1. "It has been argued that historically there have been annual fluctuations on a state-by-state basis in infant mortality rates and those rates reported recently are not uncharacteristic when compared with historical trends. Similarly, the issue has arisen as to the propriety of utilizing statistics on infant mortality in (relatively) small areas such as cities where fluctuations may appear more extreme than the national figures. To what factors do you attribute fluctuations in the infant mortality rate within States or cities?

Historical, annual fluctuations on a state-by-state basis were discussed by Dr. Edward Brandt in his statement to the Subcommittee on Rural Development, Oversight and Investigation, dated March 14, 1983. As he pointed out, the major difficulty associated with interpreting annual fluctuations derives from the use of provisional data. The problem relates to consistently classifying all births and infant deaths by place of residence rather than place of occurrence. Unfortunately, as Dr. Brandt indicated, NCHS vital registration reporting and analysis procedures require several years before reports based on final data are made available. Obviously such delays adversely affect the value of these data to decision makers at the national level and to those responsible for program direction at the state level. In addition, small numbers of annual births and/or infant deaths in specific cities or other geographic jurisdictions generate trends that are subject to random fluctuations in yearly infant mortality rates. "Rough-rule-of thumb" interpretations of trends in infant mortality rates may be meaningful when they are based on a minimum of 5000 live births and 100 infant deaths per year. But, even with these relatively large numbers, 3 year averages will provide greater statistical assurance that the trends are valid. Indeed, time series, segmented regression analyses, as outlined in the enclosed reprint (1) are desirable to further support scientifically rigorous interpretations.

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1. Gillings, D., Makuc, D., Siegel, E., Analysis of Interrupted Time Series Mortality Trends: An Example to Evaluate Regionalized Perinatal Care, Am. J. Public Health, 71: 38-46, 1981.

Having cited the practical and "purist" concerns regarding the appropriate use of annual infant mortality trends, it is important to focus on the Committee's current concern -- the Food Research and Action Center (FRAC) report, entitled, "New Trends in Infant Mortality: A Report". The report was sent to me by the Committee along with Dr. Brandt's testimony. FRAC used a telephone survey to ascertain trends in infant mortality rates in 37 states and a number of cities as well as other local areas. The FRAC report suggests that, using final data, seven states and 36 local areas experienced increases in their infant mortality rates (1980-1981) In a telephone conversation with Ms. Nancy Amidei, FRAC Director, she stated that final data for 1980 and 1981 from state and local area vital statistics units were used in the January 24, 1983 report. Thus, wherever the "rough-rule-of-thumb" criteria noted earlier apply, the increases warrant special attention, given the economic recession, high unemployment and other stresses that are well documented correlates of increased infant mortality. It is logically and statistically plausible that the rises in infant mortality in the seven states are real. Given the historic FY 1982 budget reductions and the continuing economic recession in 1982 and early 1983, careful monitoring would be prudent, employing special methods and area analyses not routinely used by the NCHS.

I shall comment on the issue -- "of utilizing statistics on infant mortality in (relatively) small areas such as cities ---". In the smaller cities, even where the FRAC report used final data, the "rough-rule-of-thumb" criteria probably were not satisfied. In fact, subsequent to dissemination of the FRAC report, an analysis of infant mortality trends in Raleigh, N. C. was undertaken. The number of infant deaths was much fewer than 100 (24-33) and the yearly infant mortality rates (1970-1981) appeared to fluctuate randomly. For Raleigh, the increase between 1980 and 1981 reported by FRAC is not meaningful.

I understand that FRAC, guided by a group of expert consultants, is engaged in a rigorous, more detailed state-by-state investigation of infant mortality trends for a number of years, including 1982. Such a special study has the prospect of contributing to our knowledge base in relation to the issues raised by the Committee.

2. "How do you assess the historical evidence in terms of whether there is a statistically significant link between unemployment and infant mortality rates?"

The evidence that income, occupation, and other measures of socioeconomic status are highly associated with infant mortality is extensive and consistent. But, historical trends regarding the associations have been the subject of limited, systematic study. A Johns Hopkins epidemiologist found that economic trends and infant mortality were highly correlated, with increases in rates directly related to periods of recession.(2) The empirical testing of such a historical association, in my opinion, is supported by this report. As noted earlier, factors associated with infant mortality are multiple and often interrelated. Low socioeconomic status, obviously aggravated by economic recession, is an incontrovertible factor of major significance.

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2. Brenner, M.H., Fetal, Infant and Maternal Mortality During Periods of Instability, Int. J. Health Services, 3: 145-159, 1973.

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3. "How do you evaluate the use of infant mortality rates as an indicator of the overall health of a city, State, or nation, or of changes in overall health?"

Infant mortality is influenced by a large variety of social, economic, cultural, environmental, biological (including nutritional status), and psychological factors as well as access to, and quality of medical care. These factors operate during pregnancy, labor and delivery as well as during the neonatal and postneonatal periods. Moreover, a couple's childhood and preconceptional health status influence pregnancy outcome. The same factors associated with infant mortality, have been linked, in varying degrees, to a great majority of diseases whose pathogenesis is reasonably well understood. Clearly, infant mortality is a good indicator of overall community health.

4. "What do you feel are the leading factors affecting the infant mortality rate?"

As indicated, the many factors affecting the infant mortality rate are interrelated and have a strong tendency to reinforce each other. Figure 1 (attached) shows a classification of the factors associated with infant mortality. Each of them contributes to infant mortality and interventions are known to reduce the influence of many of them dramatically. Family planning services, nutrition education and supplementation and adequate prenatal, labor and delivery and newborn care are among the highest priority.

Neonatal mortality (birth to 28 days) accounts for more than two-thirds of infant mortality, while the remainder occurs in the postneonatal period (28 days to 1 year). Both are very highly associated with prematurity and low birth weight. I am enclosing a reprint of the study carried out by Richard David and myself which analyzes the decline in neonatal mortality rates in North Carolina, 1968-1977.(3) Briefly, we found a shift over time, mostly among white births, toward higher birth weights and longer gestations. Overall, there was a 19% reduction in the low birth weight rate. We also found considerable improvement in birth weight-specific mortality rates, especially in babies weighing 1000 to 2500 g during the last 5 years of the study. Thirty-four percent of the decade's fall in neonatal mortality was attributable to changes in the birth weight and gestational age make-up of the newborn population. This "better babies" component was more prominent early in the decade and among the white population.

Better perinatal medical care must have accounted for the majority of the improvement in neonatal mortality in our study. But, the intensive care approach alone will not suffice. Family planning, nutrition and adequate, basic perinatal care are essential.

5. "Has the historic trend of reducing U.S. infant mortality been affected by the initiation of the special supplemental food program for women, infants, and children--i.e., has the decline been accelerated since WIC was begun?

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3. David, R.J. and Siegel, E., Decline in Neonatal Mortality, 1968-1977: Better Babies or Better Care? Pediatrics, 71: 531-540, 1983.

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I am unaware of any attempts to study this question on a national basis. Eligibility for WIC is based on nutritional risk and income level which restrict the target population somewhat. More importantly, USDA has reported that WIC thus far has failed to reach more than about a quarter of those eligible.(4)

Given the interdependent, multiple factors associated with infant mortality and the large proportion of low socioeconomic status pregnant women who are not receiving WIC's nutrition education and food supplementation, an effect on national infant mortality rates should not be anticipated. But, where mothers participated in WIC during the prenatal period, they experienced a significant reduction in the incidence of low birth weight babies.(5,6) In addition, it has been shown that WIC has the capacity to attract increasing numbers of low income women to prenatal care,(7,8) a documented intervention in relation to declining infant mortality rates.

In summary, the Committee's interest in infant mortality trends in the U.S. is highly appropriate and commendable. Although it is extremely difficult to disentangle the factors that affect these trends, they must be monitored closely, with more intensive methods that will increase their timeliness and the validity of their interpretation.

I am grateful to the Committee for the opportunity to comment on a set of difficult issues pertaining to an important criterion of community health status.

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4. U.S. DHHS, Better Health for Our Children: A National Strategy. The Report of the Select Panel for the Promotion of Child Health. Vol. II, 61, 1980.

5. U.S. Department of Agriculture, Food and Nutrition Service, CDC Analysis of National Studies for Selected WIC Participants. Prepared under contract with the U.S. DHEW Center for Disease Control, 1978.

6. Kennedy, E.T., et al, Evaluation of the Effects of the WIC Program on Prenatal Patients in Massachusetts, Cambridge, MA: Harvard University School of Public Health, 1979.

7. Benedick, M., Jr., et al, Toward Efficiency and Effectiveness in the WIC Delivery System. Washington, D.C: The Urban Institute, 1979.

8. Kotch, J. and Whiteman, D. et al, Effect of a WIC Program on Children's Clinic Activity in a Local Health Department, Medical Care, 20: 691-698, 1982.

Figure 1

FACTORS ASSOCIATED WITH PREGNANCY OUTCOMES

SOCIAL/PSYCHOLOGICAL:

- INCOME
- EDUCATION
- OCCUPATION
- MARITAL STATUS
- STRESS
- SOCIAL SUPPORT VERSUS ISOLATION

BIOSOCIAL:

- AGE (<17 Y; >35 Y)
- PARITY (>3)
- SPACING
- NUTRITION
- ALCOHOL/DRUGS
- SMOKING

ABNORMAL REPRODUCTIVE HISTORY: PFDx2; PLBWx2; PLBND

BIOLOGIC:

- GENETIC
- INFECTIONS
- DRUGS
- SMOKING
- RADIATION
- OTHER ENVIRONMENTAL AGENTS

MEDICAL CONDITIONS:

DIABETES, CHRONIC HYPERTENSIVE DISEASE; SICKLE CELL DISEASE, HEART DISEASE, ETC.

COMPLICATIONS OF PREGNANCY:

TOXEMIA OF PREGNANCY; PLACENTA PREVIA; ABRUPTIO PLACENTA; MULTIPLE PREGNANCY

LABOR AND DELIVERY:

ABOVE CONDITIONS; PROM; PROM; CEPHALO-PELVIC DISPROPORTION

PRECONCEPTUAL, PRENATAL, L&D AND INTERCONCEPTIONAL HEALTH CARE:

(PFD = PREVIOUS FETAL DEATH; PLBW = PREVIOUS LOW BIRTH WEIGHT; PLBND = PREVIOUS LIVEBORN NOW DEAD; PROM = PROLONGED RUPTURE OF MEMBRANES OR PREMATURE RUPTURE OF MEMBRANES)

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STATEMENT OF GEORGE A. LITTLE, M.D., CHAIRMAN, DEPARTMENT OF MATERNAL AND CHILD HEALTH, DARTMOUTH MEDICAL SCHOOL FOR USE OF COMMITTEE ON AGRICULTURE, NUTRITION, AND FORESTRY

The infant death rate is properly regarded as an indication of the overall health of a population. However, factors influencing this expression are multiple and are both prenatal and postnatal. Thus, critical analysis of infant deaths includes not only the time after birth but factors related to time before birth during the process of gestation. Neonatal deaths, those occurring in the first 28 days after birth, usually make up a great portion of infant or first year of life deaths. In the United States during the time interval addressed by the January report of the Food Research and Action Center (FRAC), neonatal deaths undoubtedly were a major portion of infant deaths. In some countries, and in particular countries less fortunate with respect to resources, the infant death rate is considerably higher than in the United States and the portion of post-neonatal deaths may be higher.

The use of infant mortality statistics from a relatively short individual period such as a year or from a subsection of a larger population can be valuable. Analysis of this type may indicate populations at especially high risk or may identify emerging problems. Interpretation of such data, however must be done cautiously because information from such intervals may be unduly influenced by naturally occurring fluctuations. Also, portions of populations are less reliable than the whole. The statement of Edward N. Brandt, Jr., M.D. of March 14, 1983 regarding the FRAC report of January 1983 is basically sound and appropriate, in my opinion.

The possibility that there might in fact be a present trend upward in infant or neonatal deaths should not be regarded lightly. Authorities generally agree that socioeconomic factors influence pregnancy outcome and infant health status in a major way. Unfortunately, quantifying the role of a specific factor such as nutrition can be very difficult. Nutrition is important both prenatally and postnatally and may be one of the more sensitive areas to direct intervention. Economic changes that inordinately influence certain populations, such as inner city adolescents, probably do influence nutritional status and thus infant mortality sooner than the overall maternal and child population.

Premature birth is the single diagnosis most associated with neonatal and infant death in the United States. While nutrition and socioeconomic status influence the prematurity rate, a myriad of other considerations, including attitudes toward age of childbearing, acceptance or rejection of termination of pregnancy as a possibility, and availability and cost of perinatal medical care are important. The availability and quality of neonatal intensive care for the premature have been shown to be very significant determinants of survival. The impact of medical interventions which deal with disease processes, such as the respiratory distress syndrome associated with prematurity, tend to be easier to document than interventions which are preventive. This is especially true when a pathophysiologic process, such as prematurity, appears to have a multifactorial basis.

Historically, there is reasonable evidence that economic wellbeing influences infant mortality for many reasons besides nutritional status. Access to health care is an important factor. Pre and postnatal care that is organized in a systematic regional fashion can be responsible in terms of resource allocation and, in the opinion of

many experts in maternal and child health, has been proved effective in decreasing mortality and morbidity.

In my opinion, the leading factors affecting the infant mortality rate are 1) the physical and emotional health of parents and, in particular, the mother, 2) availability of prenatal care and 3) availability of maternal/infant acute care. Of these, number 1 is the most important because if this problem is effectively managed, relatively less allocation of resources is necessarily directed at problems 2 and 3. As mentioned, attention must be directed toward the importance of economic well-being, adequate nutritional status, and attitudes, both individual and societal.

The historic trend of reduction in the United State's infant mortality during the last twenty years, and especially the last decade, is due to many factors. One single factor clearly documented is the impact of neonatal intensive care. However, this impact has been shown by several authorities to center on the premature infants of approximately 1000 - 2500 grams birthweight. The positive influence of neonatal intensive care on the death rate of term babies or of very low birthweight babies is less clearly documented although there is increasing recent evidence that in fact significant progress has been made, especially with the infant whose birthweight is less than 1000 grams. Neonatal intensive care is usually integrated into regional perinatal care systems that also include obstetrical intensive care. The present decade will probably see obstetrical intensive care becoming an increasingly important intervention strategy.

The relationship between acute interventions such as obstetrical intensive care and a preventive prenatal strategy such as nutritional supplements for the pregnant woman (WIC) has been important and will become more important in the future. The progressive yield of acute care intervention strategies will tend to become increasingly difficult to maintain at a high level as the more common acute problems are successfully managed. Preventive strategies, including nutritional supplementation, can reasonably be expected to become increasingly important, especially in certain select populations such as the economically deprived.

THE JOHNS HOPKINS UNIVERSITY

DEPARTMENT OF HEALTH SERVICES ADMINISTRATION

SCHOOL OF HYGIENE AND PUBLIC HEALTH

615 North Wolfe Street • Baltimore, Maryland 21205

July 27, 1983

Mr. Tom Boney
United States Senate
Committee on Agriculture,
Nutrition and Forestry
Washington, D.C. 20510

Dear Mr. Boney:

This letter is in response to specific questions contained in the April 19, 1983 letter by Mr. Jesse Helms, Chairman of the United States Senate Committee on Agriculture, Nutrition and Forestry.

I have grouped my answers to these questions under the following headings: (1) unemployment rates and infant mortality rates, (2) leading factors affecting the infant mortality rate, (3) national findings versus state and city inferences, (4) infant mortality as a general health indicator, and (5) supplemental food programs.

Please feel free to contact me if you require additional information.

Sincerely,

M. Harvey Brenner

M. Harvey Brenner, Ph.D.
Professor
Operations Research and
Behavioral Sciences

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1. Unemployment Rates and Infant Mortality Rates

There is a basic relationship between unemployment rates and infant mortality rates in industrialized countries. This relationship has been particularly carefully studied in the United States (1,2), England and Wales (3,4) and Scotland (4).

For the United States, the published relationship covers the period 1915-1973 (1) and 1940-1976 (2). These relationships are found for both races and sexes. We are currently completing a very thorough analysis of infant mortality and economic changes for the Joint Economic Committee of Congress and the Congressional Research Service. In this (1983) study (5), we again find the same strong positive relationship between unemployment rates and infant mortality, for both sexes and races, holding constant: the long-term trend in economic growth; risks to infant mortality such as alcohol and cigarette consumption, and separation and divorce. We also find in this (1983) study the indirect effects of increased unemployment on infant mortality through both increased alcohol and cigarette consumption per capita.

2. Leading Factors Affecting The Infant Mortality Rate

The current (1983) study shows several factors to be crucial to the explanation of national trends and fluctuations in the infant mortality rate. Most important is the long-term trend in economic growth; it is the principal factor in the long-term decline in the infant mortality rate in industrialized countries.

Recession, as is measured by the rate of unemployment, is traditionally the next most important factor in the infant mortality rate. It usually acts to slow the rate of decline in infant mortality in countries like the United States.

During the past two decades cigarette and alcohol consumption have also had a major effect on slowing the rate of decline in the infant mortality rate.

The proportion of the population living alone (as a result of divorce and separation also contributes to a higher infant mortality rate. Like alcohol and cigarette consumption per capita, the proportion of the population living alone is again influenced by recession (as can be measured by the unemployment rate).

The absolute mangitude of the birth rate and the ratio of nonwhite to white births also tend to increase the infant mortality rate.

Finally, aid to families with dependent children, in the first year of the infant's life, decrease the infant mortality rate in the United States.

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It is almost certainly the case that exactly the same factors that influence the national infant mortality rate also influence the state and city infant mortality rates. The one exception is this: for the state and city infant mortality rates, the rate of in-migration of poorer populations (or of out-migration of middle-class populations) would also tend to increase the infant mortality rate, or at least cause a slowdown in its rate of decline.

3. National Findings Versus State and City Inferences

While we have extensive data on the relationship between unemployment and infant mortality at the national level --e.g., United States, England and Wales, Scotland, Sweden--infant mortality has not been analyzed in this way for states or cities within the United States. There is, however, every reason to believe that the same relation would prevail at state and city levels. The reason is that many U.S. states are larger in population than several of the countries that have shown the relationship between unemployment rates and infant mortality.

4. Infant Mortality as a General Health Indicator

For developing countries, the infant mortality rate is a classic and appropriate indicator of the overall health of a nation. The reason is that in developing countries nutrition is the key issue in infant mortality, and nutrition is also a primary factor in adult morbidity and mortality which is frequently due to infectious diseases.

In industrialized countries, the infant mortality rate is a reasonable indicator of poor health usually where nutritional issues are involved--e.g., infectious and metabolic diseases. It is not a good indicator of cardiovascular, malignancy or accident morbidity--which are the extensive health problems in developing countries.

At the same time, it should be noted that recession, partly through unemployment, acts to increase the overall mortality rate in developed countries (1-5).

5. Supplemental Food Programs

The WIC program, as far as I know, has not been studied in relation to trends and fluctuations in infant mortality. However, the WIC program could be studied in this way.

There is evidence, in any case, that supplemental income available for food has a effect that lowers the infant mortality rate. I refer to the inverse relation between the rate of children on AFDC and the infant mortality rate.

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